

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 567609661
Report Date: 02/04/2026
Date Signed: 02/04/2026 03:13:38 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	BERNADETTE HOME CARE 1	FACILITY NUMBER:	567609661
ADMINISTRATOR/ABIERA, BERNADETTE		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	510 MARISSA LN	TELEPHONE:	(818) 601-9089
CITY:	CAMARILLO	STATE: CA	ZIP CODE: 93010
CAPACITY: 6		CENSUS: 5	DATE: 02/04/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	
		INSPECTION	10:30 AM
		BEGAN:	
MET WITH:	Bernadette Abiera	TIME VISIT/	
		INSPECTION	03:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Valeria Conway arrived at the facility unannounced to conduct a required annual visit. At 10:30 A.M. LPA met with administrator Bernadette Abiera. LPA observed three (3) staff and five (5) residents present at the time of the visit. Co-administrator, Michelle Racan joined the visit. Entrance interview conducted. Beginning at 10:45 A.M. the LPA, along with administrator toured the physical plant areas inside and outside to ensure there are no health and safety hazards and that facility is in compliance with Title 22 Regulations. Please note: the facility is a 2-story house; the upstairs area is inaccessible to residents in care and is used for staff only, therefore was not observed. The following was observed in the downstairs area: Fire extinguishers are fully charged and recently serviced 01/15/2026. Carbon Monoxide detector was tested at 11:40 A.M. smoke detectors were tested at 11:05 A.M and all were functional at the time of the visit. Facility is equipped with fire sprinkler system. KITCHEN: The LPA observed the kitchen to be clean. Kitchen appliances appeared to be in operable condition. The facility has a sufficient supply of seven (7) days non-perishable and two (2) days perishable food. LPA conducted a review of expiration dates on product labels. Cleaning supplies and sharps are located in separate locked cabinets. At 10:53 A.M. hot water measured 110.3 degrees Fahrenheit. Continued on LIC 809-C
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NAME OF LICENSING PROGRAM MANAGER: Desaree Perera
NAME OF LICENSING PROGRAM ANALYST: Valeria Conway

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/04/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/04/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

Page: 1 of 7
California Department of Social Services

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

Page: 2 of 7

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Created By: Valeria Conway On 02/04/2026 at 02:43 PM
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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BERNADETTE HOME CARE 1

FACILITY NUMBER: 567609661

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/04/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(a)(4)	
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Incidental Medical and Dental Care Services

(4) The licensee shall assist residents with self-administered medications as needed.

This requirement is not met as evidenced by:

Deficient Practice Statement

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Based on observation and record review, the licensee did not comply with the section cited above as missing dosage for two medications were observed and one medication depleted two days ago and a refill was not ordered which poses an immediate health, safety or personal rights risk to persons in care.

POC Due Date: 02/05/2026

Plan of Correction

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Administrator contacted the hospice nurse during today's visit to reorder missing medication and they will conduct training with all current staff on how to properly administer medications to residents in care.

		Section Cited			
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Deficient Practice Statement

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POC Due Date:

Plan of Correction

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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Desaree Perera
NAME OF LICENSING PROGRAM ANALYST:	Valeria Conway

DATE: 02/04/2026

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

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FACILITY EVALUATION REPORT (Cont)	

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 DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 567609661
 VISIT DATE: 02/04/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87412(a)(11)	
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Personnel Records

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (11) A health screening as specified in Section 87411, Personnel Requirements - General.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above as Staff 1 did not have a completed health screening on file which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 02/05/2026
	Plan of Correction
1 2 3 4	During today's visit staff 1 went to get a health screening form filled out. Administrator will submit a copy of the form as soon as it is available.

		Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

Desaree Perera

NAME OF LICENSING PROGRAM
MANAGER:
NAME OF LICENSING PROGRAM
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:

Valeria Conway



DATE: 02/04/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.625(b)(1)	
Other Provisions					
(1) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training. A staff member shall complete 20 hours, including six hours specific to dementia care, as required by subdivision (a) of Section 1569.626 and four hours specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696, before working independently with residents. The remaining 20 hours shall include six hours specific to dementia care and shall be completed within the first four weeks of employment. The training coursework may utilize various methods of instruction, including, but not limited to, lectures, instructional videos, and interactive online courses. The additional 16 hours shall be hands-on training.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on interviews and record review, the licensee did not comply with the section cited above as recently hired staff 1 and staff 2 did not not have documentation of the required twenty (20) hours of training completed prior to working independently with residents which poses/posed a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 02/13/2026				
	Plan of Correction				
1	Administrator will train and submit training documentation to LPA before POC due date,				
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM
MANAGER:
NAME OF LICENSING PROGRAM
ANALYST:

Desaree Perera
Valeria Conway



DATE: 02/04/2026

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS N.ASC, 21731 VENTURA
BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: BERNADETTE HOME CARE 1

FACILITY NUMBER: 567609661

VISIT DATE: 02/04/2026

NARRATIVE

1 Continued from LIC 809

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BATHROOMS: There are two (2) bathrooms for residents' use. Both are designated for shared resident use. Restrooms were observed to be equipped with slip-resistant surfaces and contain slip-resistant mats. Grab bars were observed in the bathrooms. The water temperature was measured in both shared bathroom and measured within the required range.

BEDROOMS: There are four (4) bedrooms; two (2) are designated as shared rooms and two (2) are designated as private resident rooms. All residents' rooms were observed to be furnished appropriately with clean linens, appropriate furnishings and sufficient lighting.

COMMON AREAS: This includes the living room and dining room areas. LPA observed common areas to be clean and properly furnished at the time of the visit. The facility serves residents with dementia, the auditory alarms on the exit doors were tested and functioned properly at the time of visit. The facility maintained a temperature of 76 degrees. Facility provides sufficient space to accommodate both indoor and outdoor activities. LPA observed a working phone available for residents use whenever needed.

OUTDOOR SPACE: The backyard has a covered patio area with patio furniture including a table and chairs for residents' use. The front yard is free of obstruction, the two side gates are self-latching. All passageways were observed to be clear. There were no bodies of water on the premises at the time of the visit.

GARAGE: An open carport/garage is detached from the main house and inaccessible to the residents in care. Garage contained extra beds, extra mobility devices, PPE and incontinence supplies, and emergency food and water.

Continued on LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

NAME OF LICENSING PROGRAM ANALYST: Valeria Conway

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SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS N.ASC, 21731 VENTURA

FACILITY NAME: BERNADETTE HOME CARE 1

FACILITY NUMBER: 567609661

VISIT DATE: 02/04/2026

NARRATIVE

Continued from LIC 809-C

RECORD REVIEW: Starting at 11:35 A.M. staff and resident records were reviewed for documents including, but not limited to: health screening, TB test, staff training records, fingerprint clearance, resident physician's report, needs and service appraisal, and personal rights. Five (5) resident files were reviewed. All files were observed to contain all required documents. Five (5) staff files were reviewed. LPA observed that Staff #1 (S1) and Staff #2 (S2) did not have documentation of the required twenty (20) hours of training completed prior to working independently with residents. Additionally, S1 did not have a completed health screening report on file.

MEDICATION REVIEW: Medications review began at 1:30 P.M. Medications for five (5) residents were observed. Medications are centrally stored and locked in a cabinet in the living area; medications are labeled and checked for expiration dates. During the medication audit, the LPA observed that Resident #1's (R1's) supply of Bisacodyl EC 5 MG TBEC was depleted as of February 2, 2026, and a refill had not been ordered. Additionally, the LPA observed discrepancies in the medication administration records, as one dose of each of Senna Plus 8.6/50 MG and Quetiapine Fumarate 50 MG T was missing from R1's bubble packs.

Additionally, the LPA reviewed the facility's infection control practices and the facility's emergency disaster plan. Emergency disaster drills are conducted quarterly, with the last drill conducted on 01/19/2026.

LPA requested the following documents, Personnel Roster LIC (500), Liability Insurance, and Resident Roster.

Pursuant to Title 22, California Code of Regulations and/or CA Health and Safety Code, the following deficiencies were cited (refer to LIC 809.) Administrator was informed that failure to correct the deficiencies may result in civil penalties.

Exit interview conducted, appeal rights discussed, and a copy of this report and appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

NAME OF LICENSING PROGRAM ANALYST: Valeria Conway

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/04/2026

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