

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 567609939
Report Date: 04/02/2026
Date Signed: 04/02/2026 03:53:40 PM

Document Has Been Signed on 04/02/2026 03:53 PM - It Cannot Be Edited

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:	GRACE LIVING 2	FACILITY NUMBER:	567609939
ADMINISTRATOR/SUDJATI, IVY		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	46 CARRIAGE SQUARE	TELEPHONE:	(310) 562-8250
CITY:	OXNARD	STATE: CA	ZIP CODE: 93030
CAPACITY: 6		CENSUS: 5	DATE: 04/02/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	10:50 AM
		BEGAN:	
MET WITH:	Ivy Sudjati	TIME VISIT/INSPECTION	04:00 PM
		COMPLETED:	

NARRATIVE	
1	At 10:50 a.m. Licensing Program Analyst (LPA) Esther Cortez arrived at the facility unannounced to
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6	At 11:00 a.m. the LPA conducted a tour of the physical plant with the Administrator to ensure there are
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11	no health and safety hazards and facility is in compliance with Title 22 Regulations. The following was
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16	noted: Facility is a single-story residence that consists of five (5) resident bedrooms, and three (3)
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21	restrooms (2 private and 1 communal). The LPA observed one (1) fire extinguisher which was fully
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NAME OF LICENSING PROGRAM MANAGER:	Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST:	Esther Cortez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/02/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**FACILITY REPRESENTATIVE SIGNATURE:**

DATE: 04/02/2026

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 4

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.

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

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	VISIT DATE: 04/02/2026

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/02/2026
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Created By: Esther Cortez On 04/02/2026 at 03:41 PM
Link to Parent Document Below:

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** GRACE LIVING 2**FACILITY NUMBER:** 567609939**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 04/02/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87303(e)(2)	
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Maintenance and Operation

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in two restrooms the hot water measured over 120 degrees F which poses/posed a potential health, safety or personal rights risk to persons in care.
POC Due Date: 04/02/2026	
Plan of Correction	
1 2 3 4	Staff adjusted the hot water immediately. POC cleared

		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.

NAME OF LICENSING PROGRAM MANAGER:	Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST:	Esther Cortez
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 04/02/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
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