

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 567610007

Report Date: 03/03/2026

Date Signed: 03/03/2026 01:04:19 PM

Document Has Been Signed on 03/03/2026 01:04 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	VARENITA OF SIMI VALLEY	FACILITY NUMBER:	567610007
ADMINISTRATOR/DIRECTOR:	HELEN LEE	FACILITY TYPE:	740
ADDRESS:	3921 COCHRAN STREET	TELEPHONE:	(805) 327-1100
CITY:	SIMI VALLEY	STATE:	CA
CAPACITY:	110	ZIP CODE:	93063
TYPE OF VISIT:	Case Management - Incident	CENSUS:	93
		DATE:	03/03/2026
		UNANNOUNCED TIME VISIT/INSPECTION:	09:00 AM
MET WITH:	Helen Lee	BEGAN TIME VISIT/INSPECTION:	01:15 PM
		COMPLETED:	

### NARRATIVE


1 Licensing Program Analyst (LPA) Martha Arroyo conducted a Case Management -  
2 Incident visit to follow up on a self-reported incident which took place on 02/25/2026.  
3 Upon arrival the LPA met with Executive Director (ED), Helen Lee and explained the  
4 reason for the visit. Entrance interview conducted.  
5  
6  
7 On 02/26/2026, the Department received an incident report (LIC 624) and SOC 341  
8 regarding Resident #1 (R1) reporting to concierge at approximately 12:00 p.m., that  
9 Resident #2 (R2) had hit them in the face yesterday (02/25/2026) at lunch time in the  
10 dining room. Report states that incident was reported by R1 and was unwitnessed  
11 by any staff member.  
12  
13  
14 During today's visit, between approximately 9:20 a.m. and 11:30 a.m., the LPA  
15 conducted interviews with the ED and three residents and reviewed and obtained  
16 copies of pertinent documents. No immediate health and safety concerns were  
17 observed during today's visit.  
18  
19  
20 Interviews revealed that R1 reported the incident to the concierge the day after the  
21 alleged incident. R1 stated that R2 had been calling them names for several weeks.  
22 R1 reported feeling tired of hearing R2 call them names and stated that they stood  
23 up and placed both hands in front of R2. According to R1, R2 then slapped them in  
24 the face with an open palm.  
25

Report Continued on LIC 809C...

**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera

**NAME OF LICENSING PROGRAM ANALYST:** Martha Arroyo

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/03/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/03/2026

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

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

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b>
<b>FACILITY EVALUATION REPORT (Cont)</b>	<b>COMMUNITY CARE LICENSING DIVISION</b>
	<b>CCLD Regional Office, 21731 VENTURA BLVD.</b>
	<b>#250</b>
	<b>WOODLAND HILLS, CA 91364</b>

**FACILITY NAME:** VARENITA OF SIMI VALLEY

**FACILITY NUMBER:** 567610007

**VISIT DATE:** 03/03/2026

<b>NARRATIVE</b>	
1	Report Continued from LIC 809...
2	
3	
4	An interview with R2 revealed that they only referred to R1 as the name of the city
5	they were from. R2 stated that when R1 raised their hands in front of their face, their
6	reaction was to push R1 away. R2 denied calling R1 any other names. R2 also
7	denied hitting R1 in the face and expressed regret for anything that may have
8	occurred that day.
9	
10	An interview with another resident, who is a mutual friend of both R1 and R2,
11	revealed that although R2 may occasionally make rude comments to others, they
12	have never witnessed R2 behave aggressively toward anyone while residing at the
13	facility.
14	
15	
16	The ED stated that they checked R1 for any visible marks or redness; however, no
17	signs of injury or redness were observed on R1's face the following day. Additionally,
18	the police report indicated that R1 had no visible injuries and that their dentures
19	were not damaged.
20	
21	
22	Furthermore, record review and interviews revealed that there were no witnesses to
23	the alleged incident. The ED reported conducting an internal investigation, following
24	proper reporting protocols, and taking steps to ensure that R1 continues to feel safe
25	within the facility. Although the allegation may have happened or is valid, there is not
26	sufficient evidence to prove the alleged violation did or did not occur. No citations
27	issued at this time.
28	
29	
30	Exit interview conducted. Report was reviewed and a copy provided.
31	
32	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Desaree Perera	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Martha Arroyo	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 03/03/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 03/03/2026
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