

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 567610022
Report Date: 02/20/2026
Date Signed: 02/20/2026 12:05:43 PM

Substantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 02/12/2026 and conducted by Evaluator Brian Balisi

		COMPLAINT CONTROL NUMBER: 29-AS-20260212155920	
FACILITY NAME: APPLETON HOMES		FACILITY NUMBER:	567610022
ADMINISTRATOR: OLIVAS, MYLINE		FACILITY TYPE:	740
ADDRESS: 1149 APPLETON RD		TELEPHONE:	(747) 237-0417
CITY: SIMI VALLEY	STATE: CA	ZIP CODE:	93065
CAPACITY: 6	CENSUS: 4	DATE:	02/20/2026
MET WITH: Myline Olivas		UNANNOUNCED TIME BEGAN:	09:30 AM
		TIME COMPLETED:	12:30 PM

ALLEGATION(S):

1	Staff do not ensure resident is allowed to have visitors
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Brian Balisi conducted an unannounced complaint visit for the
2	allegation listed above. At approx 09:30 a.m. LPA met with staff and explained the reason for the visit.
3	Administrator Myline Olivas arrived shortly after.
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5	At approx 09:35 a.m. LPA conducted physical plant, interviewed staff, residents and reviewed and
6	obtained copies of pertinent documentation relevant to the investigation.
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8	It was reported that staff prevented resident from having visitors, as it was alleged on multiple dates, a
9	visitor attempted to visit Resident 1 (R1), but was not allowed to enter the facility.
10	Interviews and a review of records reflected that R1's Power of Attorney (POA) informed the
11	Administrator that visitation from a specific individual should be restricted. The Administrator stated that
12	the individual has come to the facility to drop off food and snacks for R1.
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Desaree Perera	
LICENSING EVALUATOR NAME: Brian Balisi	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/20/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 3
Control Number 29-AS-20260212155920

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: APPLETON HOMES	FACILITY NUMBER: 567610022
	VISIT DATE: 02/20/2026

NARRATIVE	
1	Continued from 9099 The Administrator further stated that the individual was informed they are not permitted to visit R1 based on the POA's direction. At the time of the review, LPA did not observe any restraining orders or court documents in R1's file authorizing or requiring the restriction of visitation. Based on information gathered during this visit, the department has sufficient evidence to determine this allegation occurred. Therefore, the allegation that "Staff do not ensure resident is allowed to have visitors" has been deemed Substantiated at this time. The following deficiencies were observed (See LIC 9099-D.) and cited from the California Code of Regulations, Title 22 and California Health and Safety Code. Failure to correct the deficiencies may result in civil penalties. Exit interview conducted. A copy of the report and appeal rights were provided.
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LIC9099 (FAS) - (06/04) Page: 2 of 3
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COMPLAINT INVESTIGATION REPORT (Cont)

#250
WOODLAND HILLS, CA 91364

FACILITY NAME: APPLETON HOMES

FACILITY NUMBER: 567610022

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/20/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 02/27/2026 Section Cited CCR 87468.1(a)(11)	1 2 3 4 5 6 7	To have their visitors...permitted to visit privately during reasonable hours and without prior notice, provided that the rights of other residents are not infringed upon. This requirement is not met as evidenced by	1 2 3 4 5 6 7	Licensee agreed to review section cited then submit a statement of understanding and a written plan to ensure future compliance and submit to CCLD via email by COB 02/27/2026
	8 9 10 11 12 13 14	Based on interviews and record review, the licensee did not comply with the section cited above as staff prevented R1 from having a visitors which poses as a potential health, safety or personal rights risk to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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

SUPERVISORS NAME: Desaree Perera	
LICENSING EVALUATOR NAME: Brian Balisi	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/20/2026
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