

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 100400070

Report Date: 03/19/2026

Date Signed: 03/19/2026 05:29:09 PM

Document Has Been Signed on 03/19/2026 05:29 PM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME:	CALIFORNIA ARMENIAN HOME	FACILITY NUMBER:	100400070
ADMINISTRATOR/DIRECTOR:	PAUL ROCHA	FACILITY TYPE:	741
ADDRESS:	6720 E KINGS CANYON RD	TELEPHONE:	(559) 251-8414
CITY:	FRESNO	STATE:	CA
CAPACITY:	412	ZIP CODE:	93727
TYPE OF VISIT:	Required - 1 Year	CENSUS:	248
		DATE:	03/19/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	08:55 AM
MET WITH:	Paul Rocha	TIME VISIT/INSPECTION COMPLETED:	05:30 PM

NARRATIVE

1 On 3/19/2025, Licensing Program Analyst (LPA) M. Medina conducted an unannounced Annual
2 Required inspection. LPA arrived, stated purpose of visit and met with Executive Director/Administrator,
3 Paul Rocha to conduct today's inspection. .
4
5 Current, facility has 117 residents who reside in Independent living, 54 residents who reside in Assisted
6 Living, and 52 residents who reside in Cognitive Care. The main building, is a three story building which
7 has Independent Living on first and third floor, Assisted Living is on second floor. Facility buildings
8 toured. Each floor has a choice of dining rooms and menu options. Menus are posted throughout the
9 facility. Kitchen toured, refrigerator was at 37 degrees F and freezers were at 0 degrees F. Facility
10 observed to have 2-day supply of perishable and a 7-day supply of non-perishable food available.
11 Facility receives food deliveries 3-4 times per week.
12
13 Independent villas and resident apartments toured during facility tour. LPA observed apartments to have
14 skid resistant surfaces in showers, grab bars available. Apartments toured observed to well lit, and a
15 comfortable temperature for residents. Residents receive housekeeping in Assisted Living daily and
16 Independent Living receive housekeeping twice weekly.
17
18 The Cognitive Care building, has a separate kitchen and dining area. Residents have a open courtyard
19 with shading and seating that is utilized for gardening and activities. Residents observed to be engaged
20 with music and social activity during facility tour.
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NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny
NAME OF LICENSING PROGRAM ANALYST: Melinda Medina

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/19/2026

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
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FACILITY NAME: CALIFORNIA ARMENIAN HOME **FACILITY NUMBER:** 100400070
VISIT DATE: 03/19/2026

NARRATIVE	
1	Facility is equipped with smoke detectors, fire sprinklers, and pull stations throughout buildings. Fire extinguishers are present throughout buildings, in each hallway with a service date of 5/07/2025. LPA reviewed resident records during inspection. Due to time constraints, LPA will return to review medication, staff files and complete inspection tool. Exit interview conducted and a copy of report will be provided via e-mail for facility records.
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NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny NAME OF LICENSING PROGRAM ANALYST: Melinda Medina LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/19/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/19/2026
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