

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 191222081

Report Date: 06/25/2025

Date Signed: 06/25/2025 02:25:35 PM

Document Has Been Signed on 06/25/2025 02:25 PM - It Cannot Be Edited

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

FACILITY NAME:	ARARAT HOME OF LOS ANGELES	FACILITY NUMBER:	191222081
ADMINISTRATOR/DIRECTOR:	RITA NORAVIAN	FACILITY TYPE:	741
ADDRESS:	15105 MISSION HILLS RD.	TELEPHONE:	(818) 365-3000
CITY:	MISSION HILLS	STATE:	CA
CAPACITY:	186	ZIP CODE:	91345
TYPE OF VISIT:	Required - 1 Year	CENSUS:	76
		DATE:	06/25/2025
		UNANNOUNCED TIME VISIT/INSPECTION:	09:10 AM
		BEGAN:	
MET WITH:	Rita Noravian - Administrator	TIME VISIT/INSPECTION:	02:30 PM
		COMPLETED:	

### NARRATIVE

1 An unannounced Required One (1) Year visit to this facility is conducted today by Licensing Program  
2 Analysts (LPA) Jose Tan. LPA met with the Administrator Rita Noravian and explained the reason for the  
3 visit. Facility fire cleared for a capacity of 186 ambulatory, 118 of which may be non-ambulatory and  
4 hospice waiver for one (1) resident. There is currently no resident receiving hospice care services.  
5  
6 There is only one entrance being utilized at the facility. Screening area is located immediately upon  
7 entrance. Sign in sheet, hand sanitizer, gloves and masks are available. The facility has an approved  
8 mitigation and infection control plan on file.  
9  
10 LPA conducted physical plant tour of the facility with the Administrator at 9:23 AM. Facility currently has  
11 48 residents on the Assisted Living Waiver (ALW) program. The facility has three (3) storeys. Residents'  
12 bedrooms on the first, second and third floors were inspected. Common areas, including the activity  
13 rooms, meeting rooms, dining rooms and a gym appeared clean and were properly furnished. The  
14 kitchen was clean and the appliances and fixtures functional. Refrigerated and frozen foods were stored  
15 at appropriate temperature. There was a sufficient amount of perishable and non-perishable food at the  
16 facility and properly stored. Residents do not have access to the kitchen; dangerous items are locked.  
17 The facility menu appears to meet the daily dietary needs for residents. There were no pesticides or  
18 poisons observed near any food areas. Entry/exits were free of obstruction. The outdoor area was clean  
19 and free of hazards. The patios and balconies have proper furnishings. The medications were locked in  
20 the medication room, properly labeled and stored. Medication documentation and implementation  
21 appeared to be complete and updated. Personal accommodations in resident bedrooms and bathrooms  
22 were observed for safety, privacy, and comfort. (continued on LIC 809-C)  
23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Troy Agard

NAME OF LICENSING PROGRAM ANALYST: Jose Gary Tan

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 06/25/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/25/2025**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.

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

**FACILITY NAME:** ARARAT HOME OF LOS ANGELES

**FACILITY NUMBER:** 191222081

**VISIT DATE:** 06/25/2025

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>(continued from LIC 809)</p> <p>Random resident rooms are inspected and observed to be with all required furnishings and grab bars and nonskid surfaces in the bathrooms. Hot water temperature in random resident bathrooms on all floors were checked, hot water temperature ranges from 110.1°F to 117.5°F and within the required range.</p> <p>LPA observed fire extinguishers and pull stations throughout the facility hallways on all three floors, fire extinguishers were full and last inspected on 06/09/2025. First aid kits are located in the medication room on the second floor and staff room on the first floor.</p> <p>The facility's smoke alarms are hard wired with electric generator set as back up and tests are done in house on a monthly basis, last test was conducted on 06/12/25. Facility emergency disaster plan was reviewed. Facility disaster drills are conducted monthly and was last conducted on 05/07/25. A fire protection equipment performance certification was conducted on 04/02/25. Nurse call system was tested and observed to be operable.</p> <p>In addition to the physical plant inspection, residents and staff records were reviewed.</p> <p>LPA reviewed files of five (5) randomly selected residents. Files included signed admission agreements, current appraisals, current medical assessments, physician orders for medications and centrally stored medication logs. Medications appear to be given as prescribed. Five (5) random staff present files were also reviewed and appeared to be complete and updated.</p> <p>According to the California Code of Regulations, Title 22, Division 6, Chapter 8, there is no health and safety hazard observed during today's inspection.</p> <p>Exit interview conducted and copy of report issued</p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Troy Agard  <b>NAME OF LICENSING PROGRAM ANALYST:</b> Jose Gary Tan  <b>LICENSING PROGRAM ANALYST SIGNATURE:</b></p>	<p><b>DATE:</b> 06/25/2025</p>
---	--------------------------------

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

<p><b>FACILITY REPRESENTATIVE SIGNATURE:</b></p>	<p><b>DATE:</b> 06/25/2025</p>
--	--------------------------------