

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 195850146
Report Date: 05/20/2026
Date Signed: 05/20/2026 04:19:32 PM

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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:	MY HOME OF AGING	FACILITY NUMBER:	195850146
ADMINISTRATOR/KYKHOSROWPOUR, VISHTASB DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	23817 BESSEMER STREET	TELEPHONE:	(818) 433-4592
CITY:	WOODLAND HILLS	STATE: CA	ZIP CODE: 91367
CAPACITY: 6		CENSUS: 6	DATE: 05/20/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	11:17 AM
MET WITH:	Farnaz Servati	BEGAN: TIME VISIT/ INSPECTION	04:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Angela Barutyan arrived at the facility unannounced to conduct a required annual visit at 11:17AM. Upon arrival, LPA met with staff and House Manager Farnaz Servati and Administrator Vishtasb Kykhosrowpour who arrived during the visit. Entrance interview conducted.
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5	At 11:31AM, the LPA along with the House Manager, toured the physical plant areas inside and outside to ensure there are no health and safety hazards and facility is in compliance with Title 22 Regulations.
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9	KITCHEN: LPA inspected the kitchen/food service area at 11:31AM. Kitchen appliances appeared clean and were in operable condition at the time of the visit. The facility has a sufficient supply of perishable and nonperishable food. Food labels were inspected and checked for expiration dates and food labels had expiration date clearly marked. Knives and chemicals were locked inaccessible in kitchen drawer and under-the-sink cabinet.
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13	BEDROOMS: There are six (6) private resident bedrooms. Bedroom #1 has a direct exit to the exterior. LPA observed resident bedrooms to be furnished appropriately with clean linens, appropriate furnishings, and sufficient lighting.
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16	
17	RESTROOMS: There are four (4) restrooms designated for resident-use of which two (2) restrooms are attached to resident bedrooms and two (2) are located in the hallway. Restrooms were clean and sanitary and in operating condition with grab bars and slip-resistant surfaces. Hot water temperature was measured in client bathrooms and were between 106.5-110.1 degrees F, which is within the required range.
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20	
21	Report Continued on LIC 809-C.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Angela Barutyan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/20/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: MY HOME OF AGING FACILITY NUMBER: 195850146
VISIT DATE: 05/20/2026

NARRATIVE	
1	COMMON AREAS: The common spaces included the living room, dining area, and office area. LPA
2	observed cameras in all common spaces and exterior without an audio component. All areas were
3	clean, sanitary and in good repair. The facility smoke alarm system is hard wired; the combination
4	smoke and carbon monoxide detectors were tested at 11:53AM and were operable at the time of the
5	visit. The fire extinguisher was observed be fully charged and last purchased 05/08/2026. Auditory exit
6	alarms were tested and functional at the time of the visit. LPA observed required postings in the
7	entrance hallway.
8	OUTDOOR AREA/GARAGE: The backyard has a covered outdoor area equipped with furniture for
9	resident use. There is a pool on the property that was observed to be gated and locked at the time of the
10	visit. There is a self-latching gate on the side of the house designated for an emergency exit.
11	Passageways were free and clear from obstruction. LPA observed a laundry room which is located
12	inside the attached garage. Laundry detergents, additional refrigerator/freezer, cleaning supplies,
13	pesticides, and/or toxins are also stored in the garage/laundry area.
14	RECORD REVIEW: Beginning at 12:06PM, LPA reviewed six (6) out of six (6) resident files and five (5)
15	out of five (5) personnel files for documents including but not limited to: medical records, care plans,
16	resident Admission Agreement, TB test, health screening, staff training, first aid certification, and
17	fingerprint clearance. Two (2) out of six (6) residents were missing a reappraisal within the last 12
18	months. Staff #1 (S1) was missing a transfer of criminal record clearance.
19	MEDICATION REVIEW: At 02:51PM, LPA reviewed medications for two (2) residents. Medications are
20	centrally stored and locked in the garage. All medications were labeled, stored, and locked inaccessible
21	to residents. Medications are properly documented on the centrally stored medications and destruction
22	record. Two (2) over-the-counter medications for Resident #1 (R1) were missing physician's orders on
23	file.
24	INFECTION CONTROL/EMERGENCY DISASTER PLANNING: During today's visit, the LPA reviewed
25	the facility's infection control policy and emergency disaster plan. Emergency disaster plan is updated
26	annually as required and emergency disaster drills are conducted quarterly, with the last drill on
27	05/10/2026.
28	
29	The following deficiencies were observed (See LIC 809-D) and cited from the California Code of
30	Regulations, Title 22 and/or California Health and Safety Code. Civil penalty was issued in the amount
31	of \$500 for criminal record clearance. Administrator was informed that failure to correct deficiencies may
32	result in additional civil penalties.
Exit interview was conducted. A copy of the report and appeal rights were provided.	

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan	
NAME OF LICENSING PROGRAM ANALYST: Angela Barutyan	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/20/2026

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/20/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87355(e)(3)	

Criminal Record Clearance	
(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: (3) Request a transfer of a criminal record clearance as specified in Section 87355(c) or	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	Based on record review and interview, the licensee did not comply with the section cited above as one (1) out of five (5) staff was missing a transfer of criminal record clearance which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 05/21/2026
	Plan of Correction
1 2 3 4	Administrator stated they will associate Staff #1 to the facility and submit proof to CCLD by the due date.

Section Cited	
	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.

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Created By: Angela Barutyan On 05/20/2026 at 03:47 PM

Link to Parent Document Below:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(e)	
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Incidental Medical and Dental Care Services

(e) For every prescription and nonprescription PRN medication for which the licensee provides assistance there shall be a signed, dated written order from a physician on a prescription blank, maintained in the resident's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on medication review and interview, the licensee did not comply with the section cited above as two (2) over-the-counter medications for Resident #1 (R1) did not have physician's orders on file which poses a potential health and safety risk to persons in care.
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	POC Due Date: 05/27/2026
	Plan of Correction
1	Administrator stated they will obtain written physician's orders for R1's medications and will submit proof to CCLD by the due date.
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	Type B	Section Cited	CCR	87463(a)	
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Reappraisals

(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on record review and interview, the licensee did not comply with the section cited above as two (2) out of six (6) residents were missing a reappraisal within the last 12 months which poses a potential health, safety or personal rights risk to persons in care.
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3	
4	
	POC Due Date: 05/27/2026
	Plan of Correction
1	Administrator stated they will conduct a reappraisal of the two residents and submit proof to CCLD by the due date.
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.

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LICENSING PROGRAM ANALYST SIGNATURE:



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