

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 195850166
Report Date: 07/01/2025
Date Signed: 07/01/2025 04:43:07 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
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FACILITY NAME: AAA QUALITY RESIDENTIAL CARE FACILITY	FACILITY NUMBER: 195850166
ADMINISTRATOR/KIRAKOSYAN, ELEN	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 7843 STANSBURY AVE.	TELEPHONE: (323) 485-4851
CITY: PANORAMA CITY STATE: CA	ZIP CODE: 91402
CAPACITY: 6 CENSUS: 5	DATE: 07/01/2025
TYPE OF VISIT: Case Management - Deficiencies UNANNOUNCED	TIME VISIT/INSPECTION: 12:30 PM
MET WITH: Ovsanna Khayalyan	BEGAN: TIME VISIT/INSPECTION: 02:00 PM
	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Sandra Urena conducted a Case Management - Deficiencies visit due
2	to deficiencies discovered during the investigation of complaint control number # 29-AS-
3	20250131163051. The LPA met with the Administrator Ovsanna Khayalyan and explained the reason for
4	the visit.
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6	During the Department's investigation of complaint # 29-AS-20250131163051, the following deficiency
7	was observed: The Department's investigation revealed that R1 was admitted to the facility on
8	07/30/2024. The responsible party was listed as "self" and R1 signed the facility admission agreement.
9	R1's health declined, and on 10/30/2024, R1 was placed on the County of Los Angeles Public Guardian
10	(LAPG) appointed Conservator's caseload. On 11/14/2024 during a visit to the facility, the LAPG
11	informed the administrator that R1 was under the LAPG and that they were R1's conservator. On
12	11/30/2024, R1 was placed on Sunshine Care Hospice. The LAPG was not notified until 01/30/2025.
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14	Pursuant to Title 22, California Code of Regulations, the following deficiency is cited (refer to LIC 809-
15	D).
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17	Exit interview conducted, appeal rights discussed, and a copy of this report issued.
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NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST: Sandra Urena

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 07/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 07/01/2025

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.

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Created By: Sandra Urena On 07/01/2025 at 08:06 AM
Link to Parent Document Below:

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: AAA QUALITY RESIDENTIAL CARE FACILITY **FACILITY NUMBER:** 195850166
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/01/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 07/11/2025 Section Cited CCR 87633(a)(3)	87633(a)(3) Hospice Care of Terminally Ill Residents (a)The licensee shall be permitted to accept or retain residents who have been diagnosed as terminally ill by his or her physician and surgeon ... (3) Hospice agency services are contracted for by each terminally ill resident or prospective resident	1	The licensee will review regulations and will submit letter of acknowledgment to LPA Urena via email.
	individually, or the resident's or prospective resident's Health Care Surrogate Decision Maker if the resident or prospective resident is incapacitated, not by the licensee on behalf of a resident or prospective resident. These hospice agency services must be provided by a hospice agency both licensed by the state and certified by the federal Medicare program.	2	
	This requirement is not met as evidenced by:	3	
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	Based on records review and interviews, the licensee did not comply with the section cited above. Licensee did not notify R1's conservator (LAPG) that R1 was placed on hospice, which posed an immediate health and safety risk to residents in care.	8	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST:	Sandra Urena
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/01/2025