

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 195850323
Report Date: 01/08/2026
Date Signed: 01/08/2026 05:44:00 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:	COMFORT ZONE CAL	FACILITY NUMBER:	195850323
ADMINISTRATOR/TAVITIAN, HRIPSIME RIPA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	13303 REEDLEY STREET	TELEPHONE:	(310) 430-0075
CITY:	PANORAMA CITY	STATE: CA	ZIP CODE: 91402
CAPACITY: 6		CENSUS: 6	DATE: 01/08/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	09:30 AM
		BEGAN:	
MET WITH:	Akhtar Roshanaeian	TIME VISIT/INSPECTION	05:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Sandra Urena arrived at the facility unannounced to conduct a
2	required annual visit. The LPA was greeted staff and explained the reason for the visit. The staff
3	contacted the Administrator Stmaltzin Torres Malaga and informed them of the visit. The administrator
4	stated that they would arrive soon, however at 1:02 p.m. the Administrator had not arrived, consequently
5	the LPA called and sent a text to the Administrator. Still no reply. The LPA then reached out to the
6	Licensee at 1:15 p.m. to inform them that the Administrator failed to arrive at the facility for the annual
7	inspection and failed to respond to call and text. The Licensee stated that it would take them
8	approximately 45 mts to arrive at the facility. The LPA stated that they would wait for them.
9	The LPA, along with staff, toured the physical plant areas inside and outside to ensure there are no
10	health and safety hazards and that the facility is in compliance with Title 22 Regulations. The facility is a
11	single-story residential home with five (5) bedrooms, four (4) for resident use and one (1) for staff use
12	and two (2) bathrooms.
13	COMMON SPACES: At the time of the visit, living room and dining room furniture was observed to be in
14	good condition. The facility maintained a comfortable temperature degrees. Smoke detector(s) and
15	carbon monoxide detector were tested and operational at the time of the visit. The three (3) fire
16	extinguishers were fully charged and purchased on 02/03/2025. The LPA observed required postings by
17	the main entrance. The facility has a designated area as office space, adjacent to the dining room; the
18	residents' and staff files are locked in a file cabinet. Medications are locked in a file cabinet in the office
19	area as well. KITCHEN: Knives are stored in a locked kitchen drawer. Kitchen appliances are in
20	operable condition. The facility had a sufficient supply of perishable and non-perishable food. Hot water
21	measured 146.1 degrees Fahrenheit. LAUNDRY AREA: Is located behind locked cabinet in the hallway
22	leading to the bedrooms. Continues on LIC 809C...
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER:	Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST:	Sandra Urena

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/08/2026

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: COMFORT ZONE CAL	FACILITY NUMBER: 195850323
	VISIT DATE: 01/08/2026

NARRATIVE	
1	BEDROOMS: The bedrooms appeared to be clean and furnished appropriately with clean linens,
2	appropriate furnishings and sufficient lighting. Bedroom #1 lacks closet space. Bedroom #2 closet needs
3	to be clean of clutter.
4	RESTROOMS: Resident restrooms appeared to be clean and sanitary condition with bars and non-skid
5	surfaces. The hallway bathroom wall needs repair on the bottom of the wall next to the shower area, as
6	it has a small open area (hole). The bathroom sink needs to be de-clogged as the water was left
7	standing after letting the water run for about two (2) minutes and draining very slowly. Bathroom #2
8	inside room #4 when flushed appeared to be clogged. The hot water temperature tested at 143.6-
9	degrees Fahrenheit.
10	OUTDOOR AREA: The LPA observed the backyard, which has a covered outdoor area for resident use.
11	The LPA observed a fenced swimming pool with a self-latching gate with a lock. At the time of the visit,
12	the emergency exit was free and clear of obstruction. RECORDS: Records review began at 12:00 p.m.
13	Residents' records were reviewed for, but not limited to care plans, medical records, admissions
14	agreement, consent forms. All records were in order. Personnel records were reviewed for, but not
15	limited to health assessments, criminal record clearances, first aid/CPR training, and the appropriate
16	training. One staff file did not have the required training's, CPR/first Aid, and Health assessment.
17	MEDICATIONS: Medications review begin at 1:57 p.m.; medications are centrally stored and locked in a
18	cabinet in the office area. The medications are documented properly on the centrally stored medications
19	and destruction record, however the medication count for three medications were incorrect. Eye drops
20	for one resident had been exhausted, when in fact there should have been three days of medication still
21	available in the eye drops bottle, furthermore, the eye drop bottle was missing. A second medication
22	metoprolol/50mg tablet packet had quantity as 14 pills per packet however the LIC 622 had
23	documentation of 30 pills. Atorvastatin had one pill left in the packet, when the pills should have been
24	exhausted as of today's visit.
25	
26	The LPA reviewed the following documents:
27	
28	
29	- LIC500 Personnel Report
30	- LIC9020 Client Roster
31	- Certificate of Liability of Insurance
32	- Emergency Drill Logs
	Citations were issued. Exit interview conducted. A copy of the report was issued.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez	
NAME OF LICENSING PROGRAM ANALYST: Sandra Urena	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/08/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/08/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 21731 VENTURA BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: COMFORT ZONE CAL

FACILITY NUMBER: 195850323

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/08/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87303(e)(2)	
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Maintenance and Operation

(e) Water supplies and plumbing fixtures shall be maintained as follows: (2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on [(observation) , the licensee did not comply with the section cited above in water in the bathrooms and kitchen was delivered at 146.6 which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 01/09/2026
	Plan of Correction
1 2 3 4	Licenses will get water temperature adjusted to regulations during today's visit.

	Type A	Section Cited	HSC	1569.618(c)(3)	
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Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in one out of one staff working currently does not have a current valid CPR/First aid valid certificate which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 01/16/2026
	Plan of Correction
1 2 3 4	Licenses will have staff be certified by 01/16/2026. and will email LPA proof of certificate.

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	Kasandra Lopez
MANAGER:	
NAME OF LICENSING PROGRAM	Sandra Urena
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/08/2026

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DEFICIENCY INFORMATION FOR THIS PAGE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87412(a)(11)	
Personnel Records					
(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (11) A health screening as specified in Section 87411, Personnel Requirements - General.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on (record review)], the licensee did not comply with the section cited above as of one staff out of one which poses an immediate health, safety or personal rights risk to persons in care.				
2					
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4					
	POC Due Date: 01/16/2026				
	Plan of Correction				
1	Licensee will ensure that staff receives a heakth screening by POC date, and will email proof of the Health screening via email to LPA.				
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		Section Cited			

	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
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2	
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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: 01/08/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)																					
	Type A	Section Cited	HSC	1569.625(b)(1)																	
Other Provisions																					
<p>(1) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training. A staff member shall complete 20 hours, including six hours specific to dementia care, as required by subdivision (a) of Section 1569.626 and four hours specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696, before working independently with residents. The remaining 20 hours shall include six hours specific to dementia care and shall be completed within the first four weeks of employment. The training coursework may utilize various methods of instruction, including, but not limited to, lectures, instructional videos, and interactive online courses. The additional 16 hours shall be hands-on training.</p> <p>This requirement is not met as evidenced by:</p> <table><tr><td></td><td>Deficient Practice Statement</td></tr><tr><td>1</td><td rowspan="4">Based on (record review)], the licensee did not comply with the section cited above in [count] out of one of one staff did not have on record training, which poses an immediate health, safety or personal rights risk to persons in care.</td></tr><tr><td>2</td></tr><tr><td>3</td></tr><tr><td>4</td></tr><tr><td></td><td>POC Due Date: 01/30/2026</td></tr><tr><td></td><td>Plan of Correction</td></tr><tr><td>1</td><td rowspan="4">Licensee will provide all required training to staff by POC date and will submit a copy of the training topics with dates, hours completed, and time the staff received the training along with the instructors credentials, name, etc.</td></tr><tr><td>2</td></tr><tr><td>3</td></tr><tr><td>4</td></tr></table>							Deficient Practice Statement	1	Based on (record review)], the licensee did not comply with the section cited above in [count] out of one of one staff did not have on record training, which poses an immediate health, safety or personal rights risk to persons in care.	2	3	4		POC Due Date: 01/30/2026		Plan of Correction	1	Licensee will provide all required training to staff by POC date and will submit a copy of the training topics with dates, hours completed, and time the staff received the training along with the instructors credentials, name, etc.	2	3	4
	Deficient Practice Statement																				
1	Based on (record review)], the licensee did not comply with the section cited above in [count] out of one of one staff did not have on record training, which poses an immediate health, safety or personal rights risk to persons in care.																				
2																					
3																					
4																					
	POC Due Date: 01/30/2026																				
	Plan of Correction																				
1	Licensee will provide all required training to staff by POC date and will submit a copy of the training topics with dates, hours completed, and time the staff received the training along with the instructors credentials, name, etc.																				
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.

NAME OF LICENSING PROGRAM MANAGER:	Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST:	Sandra Urena
LICENSING PROGRAM ANALYST SIGNATURE: <div></div>	DATE: 01/08/2026

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FACILITY REPRESENTATIVE SIGNATURE:



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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87465(c)(2)	

Incidental Medical and Dental Care Services

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (2) Once ordered by the physician the medication is given according to the physician's directions.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on medication audit and (record review)], the licensee did not comply with the section cited above in [3] out of [3) medications were incorrectly administered, which poses an immediate health, safety or personal rights risk to persons in care.
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	POC Due Date: 01/23/2026
	Plan of Correction
1	Licensee will ensure that staff receive training in medication administration by a certified instructor, The Licensee will email the LPA verification and proof of the completed training, along with the cerdential of the instructor by the POC date.
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
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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
	Sandra Urena

NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/08/2026

LIC809 (FAS) - (06/04)

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(e)(6)	
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Maintenance and Operation

(e) Water supplies and plumbing fixtures shall be maintained as follows: (6) Toilet, handwashing and bathing facilities shall be maintained in operating condition. Additional equipment shall be provided in facilities accommodating physically handicapped and/or nonambulatory residents, based on the residents' needs.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on [(observation) the toilet in bathroom #2 the licensee did not comply with the section cited above in two out of two plumbing fixtures need to be unclogged, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 01/17/2026
	Plan of Correction
1 2 3 4	Licensee will provide video or paperwork for plumbing services that corrected the deficiencies by the POC date.

	Type B	Section Cited	CCR	87307(d)(2)	
--	--------	---------------	-----	-------------	--

Personal Accommodations and Services

(2) The premises shall be maintained in a state of good repair and shall provide a safe and healthful environment.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on [(observation), the licensee did not comply with the section cited above in one out of one wall needs repair, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 01/31/2026
	Plan of Correction

1	Licensee will provide paperwork for repair work which describes the wall repair by the POC date.
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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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NAME OF LICENSING PROGRAM ANALYST:	Sandra Urena
LICENSING PROGRAM ANALYST SIGNATURE:	
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