

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 195850344  
Report Date: 04/09/2024  
Date Signed: 04/10/2024 09:08:14 AM

Document Has Been Signed on 04/10/2024 09:08 AM - It Cannot Be Edited

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

FACILITY NAME: OAKMONT OF AGOURA HILLS	FACILITY NUMBER: 195850344
ADMINISTRATOR/CHAPARYAN,LILIT	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 29353 CANWOOD STREET	TELEPHONE: (747) 755-5700
CITY: AGOURA HILLS	STATE: CA ZIP CODE: 91301
CAPACITY: 102	CENSUS: 78 DATE: 04/09/2024
TYPE OF VISIT: Prelicensing	UNANNOUNCEDTIME VISIT/INSPECTION 09:45 AM
	BEGAN:
MET WITH: Lilit Chaparyan - Executive Director	TIME VISIT/INSPECTION 03:45 PM
	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA)s Brian Balisi and Valeria Conway conducted a pre-licensing visit to this
2	property at 09:45AM. LPA's with Lilly Chaparyan and explained the reason for the visit. This application
3	is for a Change of Ownership Application (CHOW) currently operating with Facility license # 195850209
4	and the current licensed facility has residents in care. The applicant has obtained fire clearance for
5	Ninety Four (94) non-ambulatory and eight (8) bedridden with a total capacity of One hundred and two
6	(102) residents. Chaparyan stated there is a pending hospice care waiver.
7	
8	The facility is a 2 story residence and consist of a total of eighty (80) apartments. At approx. 10:00am, a
9	physical tour was conducted inside and out. There are fire sprinklers and fire doors throughout the
10	facility.
11	
12	The kitchen was observed to be inaccessible to residents in care. Knives are kept inaccessible to
13	residents in care. Kitchen appliances were observed to be in operable condition. The facility has a
14	sufficient supply of perishable and non-perishable food. Dining room furniture were observed to be in
15	good condition and appeared to be relatively clean. The supply of dishes, utensils, pots, pans and
16	drinkware is adequate. The freezer was maintained at zero degrees Fahrenheit (0°F) and the
17	refrigerator was maintained at 40°F. There are no pesticides (poisons) or toxins stored in any food
18	storage area or preparation area with utensils. Appliances in the kitchen were clean and all appeared
19	functional at the time of the visit. Trash cans had tight fitting lids. No flies or other vermin were observed.
20	
21	LPA's inspected randomly selected rooms in both memory care and Assisted living. All resident rooms
22	are set up with beds, nightstands, lamps, chests of drawers, chairs and closet space. The beds are
23	furnished with box springs, comfortable mattress and clean linen; which includes, a mattress pad, top
24	and bottom linens, pillowcases, blanket (if needed) and a bedspread.
25	

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

**NAME OF LICENSING PROGRAM ANALYST:** Brian Balisi

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/09/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/09/2024

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** OAKMONT OF AGOURA HILLS

**FACILITY NUMBER:** 195850344

**VISIT DATE:** 04/09/2024

**NARRATIVE**

1 Continued from 809

2 Lighting in the rooms appeared adequate. In addition, no bedroom was used as a passageway to

3 another room, bath or toilet. There is no staff room at the facility. For NOC , there will be awake night

4 staff only. All rooms were free of odors. All window screens were clean and maintained in good repair.

5 The resident bathroom(s) have a shower with non-skid materials. The toilet and shower have grab bars.

6 The hot water temperature was tested in the bathrooms and the kitchen and was found to be within the

7 range of 105°F and 120°F.

8

9 LPAs inspected the common areas throughout the facility including the Activity room, Lobby, reading

10 room, lounge, café, fitness center, and movie theatre. The common areas include the following on the All

11 the rooms have been appropriately furnished. There is a dedicated area for the posting of required

12 documents directly by the main entrance and hallway. The common areas were observed to be properly

13 furnished and relatively clean at the of the visit. LPA observed appropriate signage regarding infection

14 control posted throughout the facility. LPA observed sanitizer readily available in areas with high touch

15 surfaces. At the time of the visit, living room and dining room furniture was observed to be in good

16 condition. The facility maintained a comfortable temperature. All exits in Memory care have functioning

17 auditory devices and were operational at the time of the visit. The LPAs observed required postings

18 throughout the common spaces. Resident and staff records were stored inaccessible in med room and

19 office areas. Medications were observed centrally stored in a med room on the 2nd floor of assisted

20 living and in the Med room on the first floor in memory care. Both rooms were observed to be

21 inaccessible to residents in care.

22

23 Resident records review began at 11:55 am, six (6) resident records were reviewed for, but not limited

24 to: appraisals, medical records, admissions agreement, consent forms. Staff records review began at

25 1pm, Six (6) personnel records were reviewed for, but not limited to: personnel records, health

26 assessments, criminal record clearances, first aid/CPR training, and the appropriate training. Daily

27 vehicle inspection list and California Highway Patrol Inspection report was reviewed for facility vehicles.

28 All records were observed to be in order at this time. The first aid supplies were complete , including a

29 thermometer and a current version of a first aid manual. First aid was observed stored inaccessible in

30 the medication cabinet as well.

31

32 Medications review began at approximately 01:45pm, The medications are centrally stored in a med

room on the 2nd floor inaccessible to residents in care. Medications are properly documented on the

centrally stored medications and destruction record.

**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera

**NAME OF LICENSING PROGRAM ANALYST:** Brian Balisi

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/09/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 04/09/2024

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**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** OAKMONT OF AGOURA HILLS

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**VISIT DATE:** 04/09/2024

<b>NARRATIVE</b>	
1	Continued from 809-C
2	
3	Upon entry, the facility has a central entry point for symptom screening, temperature checks, and
4	sanitation station. At this time, the staff will continue to keep up signs that promotes good hand hygiene
5	and symptoms of a communicable disease. The facility has an adequate supply of Personal Protection
6	Equipment (PPE) and the facility is able to obtain additional supplies as needed. The facility's cleaning
7	protocol is sufficient. If needed, the facility has the capacity to designate a single isolation room if the
8	facility has a confirmed case of a communicable disease The facility's policies and procedures as it
9	pertains to infection control are adequate.
10	
11	Component III was conducted in conjunction with the visit.
12	
13	During the visit Executive Director Lilit Chaparyan had to leave the facility for a previous appointment,
14	but stated Beatriz Martinez, Health Services Director will sign in their place.
15	
16	No corrections required on a pre-licensing visit at this time. Exit interview conducted. Report issued and
17	provided to Licensee representative.
18	
19	This report will be sent to the Centralized Application Bureau (CAB). You will be notified by the CAB
20	Analyst when your license has been approved. You are not allowed to begin operating until you have
21	been notified that your license has been approved by the CAB Analyst. Failure to comply could affect
22	approval of your license.
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**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera  
**NAME OF LICENSING PROGRAM ANALYST:** Brian Balisi  
**LICENSING PROGRAM ANALYST SIGNATURE:** **DATE:** 04/09/2024

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

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