

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 195850560
Report Date: 02/12/2026
Date Signed: 02/12/2026 04:59:51 PM

Document Has Been Signed on 02/12/2026 04:59 PM - It Cannot Be Edited

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: OASIS RCFE		FACILITY NUMBER:	195850560
ADMINISTRATOR/SIRUNYAN, VARDUHI DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 13127 EBELL STREET	TELEPHONE:	(818) 601-5551	
CITY: NORTH HOLLYWOOD	STATE: CA	ZIP CODE:	91605
CAPACITY: 6	CENSUS: 3	DATE:	02/12/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	10:17 AM
MET WITH: Varduhi Sirunyan		BEGAN: TIME VISIT/INSPECTION	05:15 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Trevor Byrne arrived at the facility unannounced to conduct the		
2	required annual visit at 10:17 AM. LPA met with facility staff who contacted the facility Administrator		
3	Varduhi Sirunyan. The Administrator arrived to the facility at 10:32 AM. Entrance interview was		
4	conducted and the reason for the visit was explained.		
5			
6	Beginning at approximately 10:35 AM the LPA, along with the facility Administrator toured the physical		
7	plant areas inside and outside to ensure there are no health and safety hazards and that facility is in		
8	compliance with Title 22 Regulations. The following was observed:		
9			
10	COMMON AREAS: This includes the living room, hallway, and dining area. LPA observed the living to		
11	be clean and properly furnished at the time of the visit. This room contained a television, adequate		
12	seating, an appropriately screened fireplace, and activities for resident use. The hallway was observed		
13	to be clean and free from any obstructions. The hallway contained storage closets which contained		
14	linens and care supplies. LPA observed the facility's hallway fire door to be propped open with a door		
15	stop. The dining area was observed to be equipped with adequate seating for resident use. LPA		
16	observed one (1) window frame in the dining room to be in disrepair. LPA informed the Administrator		
17	who agreed to perform repairs to the identified frame. The living room and hallway contained all required		
18	postings The facility's combination fire and carbon monoxide alarm was tested at 01:50 PM and		
19	functioned properly at the time of the visit. LPA observed the dining area to contain a wall mounted fire		
20	extinguisher which was fully charged and last serviced on 07/09/2025. LPA observed cameras located		
21	throughout the common areas of the facility.		
22	Continued on LIC 809C.		
23			
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25			
NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez			
NAME OF LICENSING PROGRAM ANALYST: Trevor Byrne			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/12/2026

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: OASIS RCFE	FACILITY NUMBER: 195850560
	VISIT DATE: 02/12/2026

NARRATIVE	
1	OUTDOORS CONT.: LPA observed an ADU attached to the facility. LPA observed that due to the layout
2	of the property tenants of the ADU had access to the clients in care. LPA observed that the two (2) adult
3	individuals that resided at this ADU did not have appropriate fingerprint clearance and association to the
4	facility. LPA informed the Administrator who stated that the tenants had finger print clearance through
5	immigration but have no association to any operating facilities. The Administrator stated that the
6	individuals had resided at the location for more than five (5) days. LPA informed the Administrator that
7	any individual who has access to the clients, prior to working, residing, volunteering, or being present in
8	a licensed facility, shall be finger print cleared and associated to the facility. LPA explained that since the
9	tenants had resided in the ADU, had access to the clients, and were not associated to the facility a civil
10	penalty in the amount of \$1000 will be assessed on today's date (02/12/2026). The civil penalty was
11	calculated as \$100 per individual per day for a maximum of five (5) days (\$100 x 2 individuals x 5 days =
12	\$1000) LPA informed Administrator that failure to obtain finger print clearance and to associate the
13	tenants to the facility may result in the assessment of additional civil penalties.
14	
15	RECORD REVIEW: Record review began at 12:04 PM. Resident records were reviewed for documents
16	including, but not limited to: health screening, TB test, physician's report, needs and service appraisal,
17	consent forms, and personal rights. Three (3) resident files were reviewed. All resident files contained all
18	required documentation and signatures. LPA observed five (5) staff files. All staff files observed
19	contained all required documentation and training. No deficiencies were observed during file review.
20	
21	MEDICATION REVIEW: Medication review began at 01:11 PM. Medications for three (3) of three (3)
22	residents were observed. All medications were stored and documented appropriately on their respective
23	Centrally Stored Medication and Destruction Sheets (CSMDRs). No deficiencies were observed during
24	medication review.
25	
26	INFECTION CONTROL/EMERGENCY DISASTER PLANNING: During today's visit, the LPA reviewed
27	the
28	facility's infection control practices and the facility's emergency disaster plan. The facility's policies and
29	procedures as they pertain to infection control are adequate. Emergency disaster drills are conducted
30	quarterly; the facility's last emergency disaster drill was conducted on 01/12/2026. The facility's
31	emergency disaster plan is up to date and is adequate. Both the infection control plan and the
32	emergency disaster plan are reviewed/updated annually by the facility's Administrator. Continued on
	LIC 809C.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez	
NAME OF LICENSING PROGRAM ANALYST: Trevor Byrne	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/12/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/12/2026

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** OASIS RCFE**FACILITY NUMBER:** 195850560**VISIT DATE:** 02/12/2026**NARRATIVE**

1 **INTERVIEWS:** LPA interviewed one (1) resident. The resident interviewed stated that staff treat them
2 well and are attentive to their needs. The resident had no concerns with the facility. LPA interviewed one
3 (1) staff member. The staff member interviewed was knowledgeable on their roles and responsibilities,
4 the resident's rights, the forms of abuse, and the appropriate reporting procedures for suspected abuse.
5
6 During today's visit LPA obtained a copy of the facility's LIC 500, resident roster, and current liability
7 insurance. The facility agreed to email LPA a copy of the facility's updated emergency disaster plan.
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9 Pursuant to Title 22 of the CA Code of Regulations, the following deficiencies and civil penalties were
10 cited/assessed (refer to LIC 809-D): Exit interview conducted and copy of the report was issued and
11 appeal rights provided.
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NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez**NAME OF LICENSING PROGRAM ANALYST:** Trevor Byrne**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 02/12/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/12/2026**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** OASIS RCFE**FACILITY NUMBER:** 195850560**VISIT DATE:** 02/12/2026**NARRATIVE**

1 **BEDROOMS:** There are four (4) bedrooms in the facility; two (2) are dual occupancy resident rooms
2 and two (2) are single occupancy resident rooms. LPA and the Administrator toured all resident
3 bedrooms. All four (4) resident rooms observed were furnished appropriately with clean linens,
4 appropriate furnishings, and sufficient lighting. Bedroom #4 was observed to contain a direct exit to the
5 outdoors of the facility. LPA observed bedroom #4's exit to be blocked by a bed at the time of the
6 inspection. LPA informed the Administrator that the bed blocking the emergency exit and the facility
7 hallway fire door being propped posed an immediate safety risk to clients in care and violated the
8 facility's fire clearance. LPA informed the Administrator that this is a zero-tolerance violation and an
9 immediate civil penalty of \$500 is being assessed on today's date (02/12/2026) for a violation of the

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facility's fire clearance. The Administrator expressed understanding and immediately moved the bed into a position that allowed easy access to the emergency exit. Additionally, the Administrator agreed to keep the hallway fire door closed until a magnetic latch connected to the facility's fire alarm system could be installed.

BATHROOMS: There are three (3) bathrooms at the facility, one (1) is a common resident bathroom, one (1) is a private resident bathroom, and one (1) is a staff bathroom. All bathrooms observed were clean and were equipped with nonskid surfaces. Grab bars were observed in all resident showers and near all resident toilets, all were properly secured. The water temperature was measured to be between 111.7 and 117.9 degrees Fahrenheit, which is in compliance with regulation.

KITCHEN: The LPA observed the kitchen area to be clean. Kitchen appliances appeared to be in operable condition. The facility had a sufficient supply of two (2) days perishable and seven (7) days non-perishable food. LPA tested the water temperature in the kitchen and observed the temperature to be 114.1 degrees Fahrenheit, which is in compliance with regulation. LPA observed a washer/dryer room located adjacent to the kitchen. This room contained the facility's washer and dryer, adequate emergency food and water supplies, and locked storage which contained cleaning chemicals and care supplies.

OUTDOOR SPACE: LPA observed the facility back yard to contain an appropriately fenced off pool. The facility had adequate shaded seating outdoors for resident use. LPA observed all emergency exits to be clear from obstructions. LPA observed cameras located throughout the outdoor areas of the facility.

Continued on LIC 809C.

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Created By: Trevor Byrne On 02/12/2026 at 03:54 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	, 21731 VENTURA BLVD. #250
	WOODLAND HILLS, CA 91364

FACILITY NAME: OASIS RCFE

FACILITY NUMBER: 195850560

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/12/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87202(a)	

Fire Clearance

(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above as bedroom #4's emergency exit was blocked by a bed and the hallway fire door was propped open and unable to automatically close which pose an immediate safety risk to persons in care.
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	POC Due Date: 02/12/2026
	Plan of Correction

1	Administrator moved the bed to clear the emergency exit in bedroom #4 and agreed to keep the facility
2	hallway fire door closed until a magnetic latch is installed. Administrator agreed to submit proof of
3	magnetic latch installation before proping door open. POC cleared during visit.
4	

	Type A	Section Cited	CCR	87355(e)	
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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:

This requirement is not met as evidenced by:

Deficient Practice Statement

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Based on observation and record review, the licensee did not comply with the section cited above as two adult tenants in the attached ADU had access to the clients and were not finger print cleared or associated to the facility which poses an immediate safety risk to persons in care.

POC Due Date: 02/12/2026

Plan of Correction

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4

Administrator obtained livescan fingerprinting for the identified individuals at the time of the visit. Administrator agreed to send LPA the individual's clearance and association once obtained. POC Cleared during visit.

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:

Trevor Byrne

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/12/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87303(c)	

Maintenance and Operation

(c) All window screens shall be clean and maintained in good repair.

This requirement is not met as evidenced by:

Deficient Practice Statement

1	Based on observation, the licensee did not comply with the section cited above as one window screen frame was observed to be in disrepair which posed a potential personal rights risk to persons in care.
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4	
	POC Due Date: 02/12/2026
	Plan of Correction
1	Administrator performed repairs to the identified window screen at the time of the visit. POC cleared.
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
1	
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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.

NAME OF LICENSING PROGRAM MANAGER:	Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST:	Trevor Byrne
LICENSING PROGRAM ANALYST SIGNATURE:	
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