

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197604444

Report Date: 03/16/2022

Date Signed: 03/16/2022 03:02:34 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT			
FACILITY NAME: RAYA'S PARADISE, INC.		FACILITY NUMBER:	197604444
ADMINISTRATOR: MICHAEL GAMBURD		FACILITY TYPE:	740
ADDRESS: 1533 N. STANLEY AVE.		TELEPHONE:	(323) 969-0316
CITY: LOS ANGELES	STATE: CA	ZIP CODE:	90046
CAPACITY: 6	CENSUS: 6	DATE:	03/16/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	01:00 PM
MET WITH: Robin Culver, Executive Director		TIME COMPLETED:	02:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Abeye Duguma met with Robin Culver for a One (1) Year
2	Required - Infection Control visit for this facility. LPA explained the reason for the visit. A tour
3	of the physical plant was conducted at 1:00pm and the following was noted:
4	
5	There is one entrance being utilized at the facility, there are required posters posted at the
6	main door. Screening area is located immediately upon entrance. Sign in sheet, infrared
7	thermometer, hand sanitizer, gloves and masks are available. LPA was screened upon entry.
8	All staff were observed to be wearing masks upon entrance and during the visit. Signs to
9	wear masks and other COVID 19 prevention protocol signs are posted outside. Hand
10	washing, coughing etiquette, physical distancing and other necessary signs are posted in the
11	bathroom and throughout the facility. The facility has enough PPE supplies. The facility has a
12	total of six (06) bedrooms, one (01) full bathrooms and four (04) half baths. The facility is
13	fire cleared for six (06) non-ambulatory of which three (03) may be bedridden and a hospice
14	waiver for six (06). The facility is currently occupying five (05) non-ambulatory and one (01)
15	is bedridden of which two (02) are under hospice care. The facility has outdoor furniture
16	with a covered shaded area for residents and visitors. The facility does not have a swimming
17	pool/body of water. The garage is currently being used for storage. Laundry detergents,
18	cleaning agents and other toxins are locked away. Kitchen is sufficiently stocked with at least
19	two (2) days perishable and seven (7) days non-perishable food. Frozen foods are wrapped
20	and stored appropriately. Food storage and preparation areas are clean and inaccessible to
21	pests. Knives and sharps are observed to be locked and inaccessible to residents. Living and
22	dining room furniture were also checked. The living and dining room are neat and clean. The
23	facility maintains a comfortable temperature at 78°F. The smoke and carbon monoxide
24	detectors are hardwired, interconnected and observed to be operational. Fire extinguishers
25	

are located in the hallway and dining area, observed to be full and last inspected on 01/31/2022. (continued on LIC 809-C)

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan

NAME OF LICENSING PROGRAM ANALYST: Abeye Duguma

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/16/2022

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

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

FACILITY NAME: RAYA'S PARADISE, INC.

FACILITY NUMBER: 197604444

VISIT DATE: 03/16/2022

NARRATIVE

1 The residents' rooms are adequately furnished with appropriate lighting system. Hallways
2 are well lit. Residents have enough personal hygiene product provided by the licensee and
3 responsible parties. The bathroom was checked for cleanliness and proper operations. The
4 hot water temperature was measured at 114.1°F. Towels and washcloths are not shared.
5
6 There was enough clean linen available in the hallway cabinets. LPA observed medication to
7 be locked and inaccessible to residents.
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10 Exit interview conducted. Copy of this report issued.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan

NAME OF LICENSING PROGRAM ANALYST: Abeye Duguma

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/16/2022

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/16/2022