

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197606676
Report Date: 06/23/2021
Date Signed: 06/23/2021 03:59:52 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: BROOKDALE GARDENS OF TARZANA	FACILITY NUMBER: 197606676
ADMINISTRATOR: MNATSAKANYAN, LILIT	FACILITY TYPE: 740
ADDRESS: 18700 BURBANK BLVD	TELEPHONE: (818) 342-0003
CITY: TARZANA	STATE: CA
CAPACITY: 90	ZIP CODE: 91356
TYPE OF VISIT: Required - 1 Year	CENSUS: 46
MET WITH: Lilit Mnatsakanyan	DATE: 06/23/2021
	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 03:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Wendell Smith conducted an unannounced annual required visit. LPA
2	met with the administrator and explained the reason for this visit.
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4	LPA conducted a physical plant tour which included facility common areas, dining areas, common area
5	bathrooms, and random resident bedrooms. LPA observed the proper signs all throughout the facility
6	regarding hand washing and staying six feet apart. LPA observed residents to be wearing mask
7	throughout the facility. LPA observed all common areas to be appropriately furnished along with hand
8	sanitizer stations located throughout the facility. Smoke alarm is hard wired and was operating along
9	with the carbon monoxide detector. Resident bedrooms were appropriately furnished.
10	No deficiencies cited. Exit Interview conducted.
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NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris
NAME OF LICENSING PROGRAM ANALYST: Wendell Smith

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/23/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/23/2021

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