

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608401

Report Date: 03/03/2026

Date Signed: 03/03/2026 01:32:13 PM

Document Has Been Signed on 03/03/2026 01:32 PM - It Cannot Be Edited

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

FACILITY NAME: VICTOR ROYALE, LLC	FACILITY NUMBER: 197608401
ADMINISTRATOR/PETER BABAIA DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 120 E. LAUREL STREET	TELEPHONE: (818) 243-7442
CITY: GLENDALE	STATE: CA
CAPACITY: 60	ZIP CODE: 91205
TYPE OF VISIT: Required - 1 Year	CENSUS: 52
	DATE: 03/03/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:30 AM
MET WITH: Veronica Behar, Licensee	TIME VISIT/INSPECTION
	COMPLETED: 01:45 PM

NARRATIVE

1 On 03/03/26, at 9:30am, Licensing Program Analyst (LPA) Gina Saucedo arrived at the facility to
2 conduct an unannounced, annual visit. LPA met with Alise Nazarian, Administrator and Licensee,
3 Veronica Baher arrived about twenty (20) minutes later.
4
5 LPA asked for the census, resident, and staff files.
6
7 The facility has been licensed as a Residential Care Facility for the Elderly. The physical plant was
8 toured inside and outside at 9:50am. It is a single, story home. The facility has twenty-nine (29) resident
9 bedrooms with restrooms, common showers and bathrooms. There are two (2) cottages that are located
10 across the back yard-cottage #1511 and cottage #1515, reserved for ambulatory residents only. The
11 facility has a hospice waiver approved for six (06) residents. The facility is fire cleared for sixty (60)
12 residents of which forty-nine (49) may be non- ambulatory, eleven (11) ambulatory and four (04) may be
13 bedridden.
14
15 The facility has outdoor furniture with a covered shaded area for residents and visitors. The facility does
16 not have a swimming pool/body of water. The facility has cameras in the common areas and is
17 displayed in the main office of the facility at the entrance of the facility.
18
19
20
21
22 Kitchen is sufficiently stocked with at least seven (07) days perishable and seven (07) days non-
23 perishable food. Frozen foods are wrapped and stored appropriately. Food storage and preparation
24 areas are clean and are located downstairs. Knives and sharps are observed to be locked and
25 inaccessible to residents.

NAME OF LICENSING PROGRAM MANAGER: Troy Agard
NAME OF LICENSING PROGRAM ANALYST: Gina Saucedo
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/03/2026

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 III, 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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
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FACILITY NAME: VICTOR ROYALE, LLC

FACILITY NUMBER: 197608401

VISIT DATE: 03/03/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>There is no special diet for any of the residents.</p> <p>The common and dining areas are neat and clean. The facility maintains a comfortable temperature at 72°F. The smoke and carbon monoxide detectors are hardwired, interconnected and observed to be operational. Fire extinguishers are located throughout the facility and observed to be fully charged and last inspected 10/2025. There is one (1) staff room for breaks. There are four (4) patio areas for residents. There is three (3) areas for shared showers. There is an activity room at the entrance of the facility on your right hand side.</p> <p>Random resident rooms were observed. There was adequate furniture with appropriate lighting. Hallways are well lit. Random bathrooms were checked for cleanliness and proper operations and had mats and grab bars. The hot water temperature was measured and varied with temperatures of 116, 115, 113 Fahrenheit. The bathrooms and bedrooms have pull cord alarms for residents.</p> <p>The washer and dryers are located downstairs.</p> <p>The medication room is locked and inaccessible to the residents. Majority of the medication room is bubble wrapped and uses MAR-Medication Administrator Record and Centrally Stored forms. Facility maintains a complete first aid kit.</p> <p>Resident records/Staff records: LPA conducted a complete file review of five (05) resident records. Resident records were complete and updated. Staff records: LPA conducted a complete file review of six (6) staff records. Staff records were complete and updated. LPA reviewed LIC 405 for some residents that have safeguarded cash resources.</p> <p>Administrative: The Insurance plan is dated as of 05/2026. There is a board against the wall that displays-Personal Right, Rights of Resident Council, YES, Ombudsman, Fire Drills have been conducted.</p> <p>An exit interview was conducted, no citation(s) were issued, and a copy of this report was given to the administrator.</p>

NAME OF LICENSING PROGRAM MANAGER: Troy Agard NAME OF LICENSING PROGRAM ANALYST: Gina Saucedo LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/03/2026
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/03/2026
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