

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608711
Report Date: 11/20/2020
Date Signed: 11/20/2020 05:25:28 PM

Document Has Been Signed on 11/20/2020 05:25 PM - 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., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME: Foothill Retirement Care Home	FACILITY NUMBER: 197608711
ADMINISTRATOR: Jina Maleksarkissians	FACILITY TYPE: 740
ADDRESS: 6720 SAINT ESTEBAN STREET	TELEPHONE: (818) 353-3350
CITY: TUJUNGA	STATE: CA
CAPACITY: 72	ZIP CODE: 91042
TYPE OF VISIT: Case Management - Incident	CENSUS: 49
MET WITH: Jina Maleksarkissians	DATE: 11/20/2020
	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 10:50 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Martina Berry conducted a Case Management incident Visit at 10:00
2	AM. Due to the situation surrounding COVID-19 and to implement mitigation measures, this visit was
3	conducted virtually via Microsoft Teams. The LPA met with Administrator Jina Maleksarkissians and
4	explained the reason for the visit.
5	
6	The Woodland Hills Regional Office received an incident report on 11/19/20 to report an incident that
7	occurred on 11/17/20 involving facility staff (S1) and a resident (R1). The incident report reported alleged
8	abuse to R1 by S1. During the visit, The LPA conducted a facility tour. The LPA interviewed the
9	administrator, staff (S2, S3, and S4) and residents (R2, R3, and R4). The administrator stated that S1 is
10	no longer providing direct services to R1 pending investigation results. The incident was cross reported
11	to the local police department and Long-Term Care Ombudsman. The LPA requested documentation
12	including LIC 500, Resident file, and SOC 341. Additional information is needed regarding this incident.
13	
14	An exit interview was conducted with Administrator Jina Maleksarkissians. A copy of this report was
15	provided to the administrator via email for signature.
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris
NAME OF LICENSING PROGRAM ANALYST: Martina Berry

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/20/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/20/2020

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