

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609029  
Report Date: 09/05/2026  
Date Signed: 09/05/2026 03:23:00 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 09/05/2026 03:23 PM - It Cannot Be Edited

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

|                                                   |                             |                                  |                     |
|---------------------------------------------------|-----------------------------|----------------------------------|---------------------|
| FACILITY NAME:                                    | TERNER CARE                 | FACILITY NUMBER:                 | 197609029           |
| ADMINISTRATOR/TER-NERSESIAN, ANDRANIK A DIRECTOR: |                             | FACILITY TYPE:                   | 740                 |
| ADDRESS:                                          | 13800 WHEELER AVENUE        | TELEPHONE:                       | (818) 665-9631      |
| CITY:                                             | SYLMAR                      | STATE: CA                        | ZIP CODE: 91342     |
| CAPACITY: 6                                       |                             | CENSUS: 6                        | DATE: 09/05/2026    |
| TYPE OF VISIT:                                    | Annual/Random               | UNANNOUNCEDTIME VISIT/INSPECTION | BEGAN: 12:08 PM     |
| MET WITH:                                         | Andy Turner - Administrator | TIME VISIT/INSPECTION            | COMPLETED: 03:30 PM |

| NARRATIVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | <p>Licensing Program Analyst (LPA) Jose Tan met administrator Andranik Ter-nersesian for a One (1) Year Required visit for this facility. LPA explained the reason for the visit.</p> <p>A tour of the physical plant was conducted at 12:12 PM and the following was noted:</p> <p>There is only one entrance being utilized at the facility. The facility had submitted and approved Infection Control and Mitigation plan. The facility has a designated visitors' area in the backyard. The facility has sufficient stock of PPE in the storage room.</p> <p>The facility has four (4) bedrooms and two (2) bathrooms currently occupying six (6) residents. One (1) bathroom is designated for staff use. The facility is fire cleared for six (6) non-ambulatory residents, one (1) of which may be bedridden. Hospice waiver for two (2).</p> <p><b>Living and dining</b> room furniture were also checked. The living room is neat and clean. The facility maintains a comfortable temperature at 75°F. The smoke detectors are hardwired and interconnected and observed to be operational. There is a carbon monoxide detector installed at the facility. Fire extinguisher is located in the dining area and observed to be full and last bought on 09/05/26.</p> <p><b>The backyard</b> of the facility has outdoor furniture, with a covered shaded area for clients. The swimming pool is fully covered and non-operational.</p> <p>(continued on LIC 809-C)</p> |
| 2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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DATE: 09/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/05/2026

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.

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| <b>FACILITY EVALUATION REPORT (Cont)</b>               |                                                                                                                                                                  |

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| <b>FACILITY NAME:</b> TERNER CARE | <b>FACILITY NUMBER:</b> 197609029 |
|                                   | <b>VISIT DATE:</b> 09/05/2026     |

| NARRATIVE |                                                                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------|
| 1         | (continued from LIC 809)                                                                                        |
| 2         |                                                                                                                 |
| 3         | <b>There is no garage</b> at the facility, only car port located at the front. The garage was converted into an |
| 4         | Additional Dwelling Unit (ADU), it has separate ingress and egress and a different address. <b>Laundry</b>      |
| 5         | <b>room</b> is located adjacent to the kitchen. Laundry detergents, cleaning agents and other toxins are        |
| 6         | stored in a locked cabinet in the laundry area. <b>Food Service/Kitchen</b> area was sufficiently stocked with  |
| 7         | two (2) days perishable and seven (7) days non-perishable food. Frozen foods are properly wrapped               |
| 8         | and stored appropriately. Food storage and preparation areas are clean and inaccessible to pests.               |
| 9         | Knives and sharps are observed to be locked in a kitchen drawer and inaccessible to residents.                  |
| 10        |                                                                                                                 |
| 11        | <b>The Clients' rooms</b> are adequately furnished with appropriate furniture and lighting system.              |
| 12        | Hallways/passageways are lit. Clients have sufficient amounts of personal hygiene products which are            |
| 13        | provided by the licensee.                                                                                       |
| 14        |                                                                                                                 |
| 15        |                                                                                                                 |
| 16        |                                                                                                                 |
| 17        | <b>The bathroom</b> was checked for cleanliness and proper operation. LPA observed the appropriate grab         |
| 18        | bars in the toilet and shower. The hot water temperature was measured at 114.1°F. Towels and                    |
| 19        | washcloths are not shared. There was enough clean linen available in stock at the cabinet.                      |
| 20        |                                                                                                                 |
| 21        | <b>Medications:</b> LPA observed medication in the hallway cabinet to be locked and inaccessible to             |
| 22        | residents. There were two (2) complete first aid kits located in the kitchen.                                   |
| 23        |                                                                                                                 |
| 24        |                                                                                                                 |
| 25        | <b>Client records:</b> Client records are reviewed. Client records appear to be complete and updated.           |
| 26        | <b>Staff records:</b> LPA conducted a complete file review of staff records. Staff records appeared to be       |
| 27        | complete and updated. <b>Disaster drill</b> was last conducted on 08/16/26. <b>Required posting observed in</b> |
| 28        | <b>facility (complaint hot line poster).</b>                                                                    |
| 29        |                                                                                                                 |
| 30        | Exit interview conducted. Copy of this report issued.                                                           |
| 31        |                                                                                                                 |
| 32        |                                                                                                                 |

|                                                         |                         |
|---------------------------------------------------------|-------------------------|
| <b>NAME OF LICENSING PROGRAM MANAGER:</b> Troy Agard    |                         |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b> Jose Gary Tan |                         |
| <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>             | <b>DATE:</b> 09/05/2026 |

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

|                                           |                         |
|-------------------------------------------|-------------------------|
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b> | <b>DATE:</b> 09/05/2026 |
|-------------------------------------------|-------------------------|