

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 197609041  
Report Date: 07/08/2023  
Date Signed: 07/08/2023 02:26:16 PM

Document Has Been Signed on 07/08/2023 02:26 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION Lookup Error, , CA
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	GRACE RESIDENTIAL CARE FACILITY LLC	FACILITY NUMBER:	197609041
ADMINISTRATOR:	ABDESSIAN, MELANIA	FACILITY TYPE:	740
ADDRESS:	713 N GLENDALE AVE	TELEPHONE:	(818) 220-7328
CITY:	GLENDALE	STATE:	CA
CAPACITY:	6	ZIP CODE:	91206
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
MET WITH:	Melania Abdessian-Licensee	DATE:	07/08/2023
		UNANNOUNCED TIME BEGAN:	12:16 PM
		TIME COMPLETED:	02:25 PM

NARRATIVE	
1	On 7/8/2023, Licensing Program Analyst (LPA) Alfonso Iniguez conducted an unannounced annual
2	required using the CARE Inspection Tool. LPA met with Melania Abdessian/Administrator. LPA explained
3	the purpose of today's visit. The facility is licensed to serve (6) residents ages 60 and above of which (6)
4	may be bedridden. Facility has an approved hospice waiver for (6) patients.
5	
6	Facility is a single-story home located in a residential neighborhood. It consists of 4 resident bedrooms,
7	2 bathrooms (1 bathroom is for staff), kitchen, garage, laundry room and covered patio. The facility was
8	in good repair and free of odor.
9	
10	LPA Iniguez toured the physical plant with administrator. There were no bodies of water or obstructions
11	on the premises. A total of (3) rooms were inspected. Beds and bedding supplies were in good
12	condition, adequate lighting was provided, and storage for the resident's personal belongings was
13	observed. Bathrooms were found to be within Title 22 regulations and were operational. LPA inspected
14	rooms: #1, #2, and #3 and smoke and carbon monoxide combo are all operable conditions. The water
15	temperature properly measured between 105°-120°F: Kitchen 104.9°F, Bathroom #1:105.7°F.
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17	<b>Evaluation Report Continues LIC 809-C</b>
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Eva M Alvarez <b>NAME OF LICENSING PROGRAM ANALYST:</b> Alfonso Iniguez
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/08/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/08/2023

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
Lookup Error,  
CA

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** GRACE RESIDENTIAL CARE FACILITY  
LLC

**FACILITY NUMBER:** 197609041

**VISIT DATE:** 07/08/2023

**NARRATIVE**

- 1 LPA Iniguez observed the facility to be sanitary and appropriately furnished at the time of the visit.
- 2 Storage areas for personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not
- 3 accessible to residents. The kitchen was inspected and there is sufficient perishable and non-perishable
- 4 food available maintained properly. All fire extinguishers were charged and were operable. A review of
- 5 (3) residents' service files, (3) staff personnel files and (3) Medication Administration Records (MAR)
- 6 were maintained in order. First AID kit was checked.
- 7
- 8 LPA observed the facility's infection control practices.
- 9
- 10 According to the California Code of Regulations (Title 22, Division 6, Chapter 8), LPA did not observe
- 11 deficiencies therefore no citations were issued at this time.
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- 16 An exit interview was conducted and a copy of the Facility Evaluation Report was provided to Melania
- 17 Abdessian/Licensee.
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**NAME OF LICENSING PROGRAM MANAGER:** Eva M Alvarez

**NAME OF LICENSING PROGRAM ANALYST:** Alfonso Iniguez

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/08/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/08/2023