

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609041
Report Date: 05/12/2024
Date Signed: 05/12/2024 04:43:17 PM

Document Has Been Signed on 05/12/2024 04:43 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: GRACE RESIDENTIAL CARE FACILITY LLC	FACILITY NUMBER: 197609041
ADMINISTRATOR/ABDESSIAN, MELANIA DIRECTOR:	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
	DATE: 05/12/2024
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 01:22 PM
MET WITH: Melania Abdessian	TIME VISIT/INSPECTION
	COMPLETED: 04:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Abeye Duguma met with Melania Abdessian for a Required
2	One (01) Year visit. LPA explained the reason for the visit. A tour of the physical plant was
3	conducted at around 1:30 PM and the following was noted:
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5	
6	There is one entrance being utilized at the facility. The facility has a total of four (04)
7	bedrooms for residents and two (02) bathrooms. The facility is fire cleared for six (06) non-
8	ambulatory. The facility is currently occupying six (06) residents.
9	
10	
11	The facility has outdoor furniture with a covered shaded area for residents and visitors. The
12	facility does not have a swimming pool/body of water. Laundry detergents, cleaning agents
13	and other toxins are locked away.
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15	
16	Kitchen is sufficiently stocked with at least two (02) days perishable and seven (07) days
17	non-perishable food. Frozen foods are wrapped and stored appropriately. Food storage and
18	preparation areas are clean and inaccessible to pests. Knives and sharps are observed to be
19	locked and inaccessible to residents.
20	
21	
22	The living and dining room are neat and clean. The facility maintains a comfortable
23	temperature at 70°F. The smoke and carbon monoxide detectors are hardwired,
24	interconnected and observed to be operational. Fire extinguisher is located near the
25	kitchen, observed to be full and last inspected on 06/14/2023.

(continued on LIC 809-C)

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Abeye Duguma
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/12/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/12/2024

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

LIC809 (FAS) - (06/04)

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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 (Cont)

FACILITY NAME: GRACE RESIDENTIAL CARE FACILITY
LLC

FACILITY NUMBER: 197609041

VISIT DATE: 05/12/2024

NARRATIVE

1 The residents' rooms are adequately furnished with appropriate lighting system. Hallways
2 are well lit. Residents have enough personal hygiene product provided by the licensee. The
3 bathroom was checked for cleanliness and proper operations. The hot water temperature
4 was measured at 112.8°F. Towels and washcloths are not shared. There was enough clean
5 linen available in the cabinets.
6
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8 LPA observed medication and first aid kit to be locked and inaccessible to residents.
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11 No health and safety hazards noted during the visit.
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13 Exit interview conducted. Copy of this report issued.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Abeye Duguma
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/12/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/12/2024