

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609639
Report Date: 10/02/2025
Date Signed: 10/02/2025 03:26:46 PM

Document Has Been Signed on 10/02/2025 03:26 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT			
FACILITY NAME: ANA'S RESIDENCE CARE FACILITY		FACILITY NUMBER:	197609639
ADMINISTRATOR/ANNA ATAYAN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(323) 688-3377
ADDRESS:	7747 VAN NOORD AVE	ZIP CODE:	91605
CITY:	NORTH HOLLYWOOD	STATE: CA	
CAPACITY: 6		CENSUS: 6	
TYPE OF VISIT:	Required - 1 Year	DATE:	10/02/2025
		UNANNOUNCED TIME VISIT/ INSPECTION	09:44 AM
		BEGAN:	
MET WITH:	Anna Atayan	TIME VISIT/ INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Trevor Byrne arrived at the facility unannounced to conduct the required annual visit at 09:44 AM. LPA met with facility staff who contacted the facility Administrator Anna Atayan. The Administrator arrived to the facility at 10:09 AM. Entrance interview conducted and the reason for the visit was explained.
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8	Beginning at 10:10 AM, the LPA, along with facility Administrator toured the physical plant areas inside and outside to ensure there are no health and safety hazards and that facility is in compliance with Title 22 Regulations. The following was observed:
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13	KITCHEN: The LPA observed the kitchen area to be clean. Kitchen appliances appeared to be in operable condition. The facility has a sufficient supply of two (2) days perishable and seven (7) days non-perishable food. LPA observed a secured drawer to contain knives and other sharp objects. LPA observed two (2) secured cabinets to contain resident medication. Additionally, LPA observed the kitchen to contain sufficient emergency food supplies, the facility's washer and dryer as well as the facility's first aid kit. LPA observed a camera in the kitchen area. LPA confirmed with the facility Administrator that audio is not recorded.
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23	GARAGE: LPA observed the garage to be locked inaccessible to clients in care. The garage was observed to contain cleaning supplies, extra care supplies, emergency water supplies, and an extra refrigerator. Additionally, LPA observed the garage to contain a couch and a bed for staff use.
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NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez

NAME OF LICENSING PROGRAM ANALYST: Trevor Byrne

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/02/2025

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

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250
	WOODLAND HILLS, CA 91364

FACILITY NAME: ANA'S RESIDENCE CARE FACILITY

FACILITY NUMBER: 197609639

VISIT DATE: 10/02/2025

NARRATIVE	
1	COMMON AREAS: This includes the living room, hallway, and dining room. LPA observed the living room to be clean and in good repair. The living room contained adequate seating and activities for resident use. LPA observed a fire extinguisher mounted in the living room to be fully charged and purchased on 02/24/2025. LPA observed a hallway closet to contain extra linens. LPA observed the dining room to be clean and properly furnished at the time of the visit. The dining room contained a dining table with adequate seating for resident use. All furniture throughout the facility was observed to be clean and in good repair. The facility's combination fire and carbon monoxide alarms, as well as the facility fire door, were tested at 01:16 PM and were functional at the time of the visit.
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13	BEDROOMS: There are five (5) bedrooms in the facility; one (1) is a dual occupancy room and four (4) are single occupancy rooms. LPA and facility Administrator toured all five (5) resident rooms. All resident rooms were observed to be furnished appropriately with clean linens, appropriate furnishings, and sufficient lighting.
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20	BATHROOMS: There are four (4) bathrooms at the facility. Three (3) bathrooms are designated as private resident bathrooms, and one (1) bathroom is designated as a shared resident bathroom. All resident bathrooms were observed to be clean and in good repair and were equipped with nonskid surfaces. Grab bars were observed in all resident showers and near resident toilets, all were properly secured. LPA observed the shared resident bathroom to contain appropriately secured cabinets which contained personal grooming supplies for resident use. The water temperature was measured between 117.3 and 118.0 degrees Fahrenheit, which is in compliance with regulation.
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31	OUTDOOR SPACE: The facility has one (1) emergency exit gate located in the front yard; LPA observed clear passageways for emergency exit use. The facility has adequate shaded seating outdoors for resident use. LPA observed the outdoor deck to be connected to the facility hallway and bedroom#4 and bedroom #5. All railings on the deck were properly secured. LPA observed cameras in the outdoor spaces of the facility.
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Continued on LIC 809C.	

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez

NAME OF LICENSING PROGRAM ANALYST: Trevor Byrne

LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/02/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/02/2025

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FACILITY NAME: ANA'S RESIDENCE CARE FACILITY	FACILITY NUMBER: 197609639
	VISIT DATE: 10/02/2025

NARRATIVE	
1	RECORD REVIEW: Record review began at 10:37 AM. Staff and resident records
2	were reviewed for documents including, but not limited to: health screening, TB test,
3	staff training records, fingerprint clearance, resident physician's report, needs and
4	service appraisal, consent forms, and personal rights. Five (5) staff files were
5	reviewed. All staff files contained all required documents and trainings. Six (6)
6	resident files were reviewed all resident files contained all required documentation
7	and signatures. No deficiencies were observed during record review.
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10	MEDICATION REVIEW: Medication review began at 12:50 PM. Medications for
11	three (3) of six (6) residents were observed. All medications were stored properly
12	and were appropriately documented on their respective centrally stored medication
13	and destruction record sheets. No deficiencies were observed during medication
14	review.
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17	INFECTION CONTROL/EMERGENCY DISASTER PLANNING: During today's visit,
18	the LPA reviewed the facility's infection control practices and the facility's emergency
19	disaster plan. The facility's policies and procedures as they pertain to infection
20	control are adequate. Emergency disaster drills are conducted quarterly; the facility's
21	last emergency disaster drill was conducted on 09/17/2025. The facility's emergency
22	disaster plan is up to date and is adequate. Both the infection control plan and the
23	emergency disaster plan are reviewed/updated annually by the facility's
24	Administrator.
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28	INTERVIEWS: LPA interviewed two (2) residents and two (2) staff members. Both
29	residents interviewed stated that the staff treat them well and are attentive to their
30	needs. Both residents had no concerns with the facility. One (1) staff interview was
31	conducted with the assistance of the facility Administrator acting as a translator. Both
32	staff members interviewed understood their roles and responsibilities, the resident's
	rights, the different forms of abuse, and the appropriate reporting procedures for
	suspected abuse.
	During today's visit LPA obtained a copy of the facility's LIC 500, resident roster, and
	liability insurance. No deficiencies were observed during today's inspection. Exit
	interview conducted and copy of the report was issued.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez	
NAME OF LICENSING PROGRAM ANALYST: Trevor Byrne	
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