

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609659
Report Date: 08/28/2025
Date Signed: 08/28/2025 05:05:47 PM

Unfounded

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/27/2025** and conducted by Evaluator Quoc Huynh

PUBLIC	COMPLAINT CONTROL NUMBER: 29-AS-20250827093311
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FACILITY NAME: SWEET HOME SENIOR LIVING 2	FACILITY NUMBER: 197609659
ADMINISTRATOR: SRMIKYAN, LUSINE	FACILITY TYPE: 740
ADDRESS: 6460 VARNA AVE	TELEPHONE: (818) 616-4103
CITY: VAN NUYS	STATE: CA
CAPACITY: 6	ZIP CODE: 91401
MET WITH: Lusine Srmikyan - Licensee	DATE: 08/28/2025
	UNANNOUNCED TIME BEGAN: 10:04 AM
	TIME COMPLETED: 05:15 PM

ALLEGATION(S):

1	Staff do not ensure required posters are placed in the facility
2	Staff do not ensure facility has scheduled activities for residents
3	Facility does not ensure residents receive 3 meals per day
4	Licensee does not ensure staff are able to communicate with residents
5	Staff do not ensure residents are provided clean linens
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8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Quoc Huynh conducted an initial complaint visit for the above
2	allegations. LPA arrived at 10:04AM and met with the Licensee Lusine Srmikyan and Coordinating
3	Manager (CM) Marine Bekyan and explained the reason for the visit. Entrance interview conducted.
4	
5	The LPA and Licensee conducted a safety check tour beginning at 10:09AM. No immediate concerns
6	were observed. Between 10:09AM and 10:32AM, the LPA interviewed two (2) residents, the CM, and the
7	Licensee. Record review at 11:05AM revealed that the complaint was created under the wrong facility
8	address as Resident #1 (R1) resided in the Licensee's neighboring facility.
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10	No deficiency cited. Exit interview conducted. A copy of the report was reviewed and provided.
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Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2025

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