

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609811

Report Date: 06/05/2021

Date Signed: 06/05/2021 09:57:57 PM

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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	

FACILITY NAME: LAND OF PEACE 6	FACILITY NUMBER: 197609811
ADMINISTRATOR: ROSELIN FINULIAR	FACILITY TYPE: 740
ADDRESS: 22626 KITTRIDGE STREET	TELEPHONE: (818) 884-2214
CITY: WEST HILLS	STATE: CA ZIP CODE: 91307
CAPACITY: 6	CENSUS: 6 DATE: 06/05/2021
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME BEGAN: 07:10 PM
MET WITH: Roseilin Finuliar	TIME COMPLETED: 07:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Yelena Avetisyan conducted an unannounced Case
2	Management - Incident visit at the facility today in conjunction with a subsequent complaint
3	visit of complaint control # 31-AS-20210121104029.
4	
5	
6	The purpose of this visit is to issued citation for absence of supervision observed by the LPA
7	during the subsequent complaint visit. Upon arrival to the facility at 7:10 pm LPA met with
8	staff Alan Kibombwe. LPA requested to speak with administrator. Staff stated that the
9	administrator is across the street and asked if LPA would like for him to call her. LPA asked
10	that administrator be called, however instead of calling the administrator via telephone staff
11	member left the facility at 7:11 pm and walked across the street to call the administrator.
12	For approximately 5 minutes the six residents of the facility were left without supervision.
13	When staff returned at 7:16 pm LPA asked why staff did not use the phone to call the
14	administrator. Staff stated that he left his phone at the facility when he went to talk to him
15	earlier in the day. Per staff another caregiver was at the facility however when LPA asked to
16	speak with the live in staff he did not open his door or respond.
17	
18	
19	
20	At 7:19 pm Administrator Roselin Finuliar stated that she did not know why staff member
21	would leave the facility and not call her, LPA explained that staff did not have his phone and
22	administrator stated that he should have used the facility phone.
23	
24	
25	Per the California Code of Regulations (CCR), Title 22, Division 6, Chapter 8, the following
	deficiencies were observed and cited: (Refer to LIC 809-D).
	Exit Interview Conducted / Appeal Rights Discussed / A Copy of the Report Issued.

NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris
NAME OF LICENSING PROGRAM ANALYST: Yelena Avetisyan
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/05/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/05/2021

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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Created By: Yelena Avetisyan On 06/05/2021 at 07:32 PM

Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: LAND OF PEACE 6

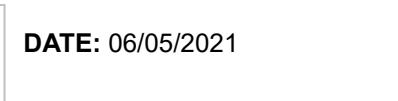
FACILITY NUMBER: 197609811

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/05/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 06/05/2021 Section Cited	1 Personnel-Operations. In each facility: When regular staff members are absent, there shall be coverage by personnel with qualifications adequate to perform the assigned tasks. This requirement was not met as evidenced by: 2 3 4 5 6 7		
	8 Based on observations made by the LPA the licensee/staff did not comply with the section cited above by leaving 6 out of 6 residents unsupervised when staff #1 (S1) left the facility to contact the administrator which posed an immediate health and safety and personal rights risk to persons in care. 9 10 11 12 13 14	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:	Cassandra Harris
LICENSING EVALUATOR NAME:	Yelena Avetisyan
LICENSING EVALUATOR SIGNATURE:	
	DATE: 06/05/2021
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/05/2021