

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609812
Report Date: 05/05/2022
Date Signed: 05/05/2022 01:36:21 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 3	FACILITY NUMBER: 197609812
ADMINISTRATOR: SONA MURADYAN	FACILITY TYPE: 740
ADDRESS: 22600 KITTRIDGE STREET	TELEPHONE: (818) 704-7733
CITY: WEST HILLS	STATE: CA
CAPACITY: 6	ZIP CODE: 91307
TYPE OF VISIT: Case Management - Incident	CENSUS: 5
MET WITH: Sona Muradyan	DATE: 05/05/2022
	UNANNOUNCED TIME BEGAN: 11:30 AM
	TIME COMPLETED: 01:45 PM

NARRATIVE	
1	At 11:30 a.m. on 05/05/2022 Licensing Program Analyst (LPA) Nicholas Reed conducted an
2	unannounced case management visit. LPA met with Administrator and disclosed the reason for the visit.
3	
4	The reason for the visit comes from an incident report submitted on 05/04/2022. Resident #1 (R1) was
5	admitted on 04/29/2022 with pressure injuries on the buttocks and left heel of unknown stages. During a
6	04/28/2022 hospital visit, a Kaiser physician informed the R1 and R1's family that the wound on the heel
7	would not prohibit admission to a board and care. The physician did not disclose the size or stage of the
8	wounds but arranged a 05/05/2022 podiatry appointment. Home health also evaluated the wounds on
9	05/03/2022, but additional follow up was required for staging and treatment.
10	
11	Regional Office has requested a full investigation by the Investigations Branch. The referral is currently
12	pending.
13	
14	At approximately 12:30 p.m. LPA interviewed Administrator.
15	
16	At 12:51 p.m. LPA conducted a record review. LPA obtained copies of the register of facility residents,
17	personnel report, staff training records, and medical assessment. Administrator will send additional
18	information through email later today.
19	
20	At 1:20 p.m. LPA and 2 Administrators conducted a physical plant tour with Administrator. R1 was in bed
21	in an elevated position. R1 was safe and in good health. Administrator and staff redressed the wound. 2
22	photographs of the wound were taken.
23	
24	Exit interview conducted. Copy of report provided.
25	

NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris NAME OF LICENSING PROGRAM ANALYST: Nicholas Reed

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/05/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/05/2022

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