

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609812
Report Date: 07/25/2025
Date Signed: 07/25/2025 11:43:54 AM

Document Has Been Signed on 07/25/2025 11:43 AM - It Cannot Be Edited

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

FACILITY NAME:	LAND OF PEACE 3	FACILITY NUMBER:	197609812
ADMINISTRATOR/DIRECTOR:	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:	Required - 1 Year	CENSUS:	5
		DATE:	07/25/2025
		UNANNOUNCED TIME VISIT/INSPECTION	08:30 AM
		BEGAN:	
MET WITH:	Sona Muradyan	TIME VISIT/INSPECTION	11:45 AM
		COMPLETED:	

NARRATIVE	
1	At approximately 8:30 a.m. on 07/25/25, Licensing Program Analyst (LPA) Nicholas Reed conducted an unannounced annual inspection. LPA met with the administrator and disclosed the reason for the visit.
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4	The facility was last visited on 07/26/24 for an annual visit. It is a single-story building with six (06) bedrooms, four (04) bathrooms, kitchen, garage, common areas, and outdoor areas. It has an approved fire clearance for six (06) residents, of which five (05) may be non-ambulatory and one (01) may be bedridden in Bedroom #6. The facility serves residents with dementia. Approved hospice waivers for six (06) residents. Cameras are located in common and exterior areas.
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9	LPA conducted a file review of resident and personnel files at 8:40 a.m. All files were complete and available for audit. The front yard was maintained. At the main entrance, LPA observed postings for the activity calendar, resident rights, rights of resident councils, Ombudsman contact, confidential complaints, emergency disaster plan, house rules, neighborhood grievance policy, a blank copy of the admission agreement, administrator certificates, COVID precautions, facility sketch, and the facility license. A screening station contained a sign-in sheet, digital thermometer, and a visitor log. Walls, floors, ceilings, windows, screens, and blinds were clean and in good repair. A fireplace was appropriately covered. The hallway closet contained an adequate supply of fresh linens and towels. At approximately 10:15 a.m. LPA measured the room temperature to be 74 degrees Fahrenheit. The house telephone was called and determined functional at 10:20 a.m. Reading materials, television, exercise equipment, and art supplies were provided in the living room. All emergency exit paths were free from obstructions. Three (03) out of three (03) exit gates were unlocked. Ramps with secure hand rails led out from Bedroom #6 and a sliding glass door near the kitchen. At 10:30 a.m. the administrator tested the smoke and carbon monoxide detector to be operational.
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NAME OF LICENSING PROGRAM MANAGER:	Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST:	Nicholas Reed

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/25/2025

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

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: LAND OF PEACE 3	FACILITY NUMBER: 197609812
	VISIT DATE: 07/25/2025

NARRATIVE	
1	LPA observed an adequate supply of perishable and non-perishable food in the kitchen and garage
2	refrigerators and freezers. The stove hood was clean. Medications were locked by the refrigerator.
3	Sharp objects were locked under the counter top. Staff and LPA performed a medication review at
4	approximately 10:45 a.m. for two (02) residents. Resident medications were maintained in the correct
5	quantities. A washer and dryer were in good condition near the dining room. Detergents and cleaners
6	were locked in the bathroom closest to the dining room. At 11:10 a.m. LPA observed a fully charged fire
7	extinguisher near the laundry area.
8	
9	The facility has six (06) bedrooms. One (01) bedroom is designated for staff. The staff bedroom was
10	locked and free of hazards. All bedrooms contained a night stand, lamp, storage, and a bed with
11	adequate bedding. All furnishings were clean and in good condition. Facility sketches with emergency
12	evacuation routes were posted in each room and clearly labelled. All hospital-style beds had wheels in
13	the locked position.
14	
15	The facility has four (04) bathrooms. All bathrooms contained liquid soap, paper towels, trash cans, grab
16	bars near the toilet, shower, commode, and a non-skid mat in the shower. At 11:20 a.m. LPA measured
17	the water temperature in the shared bathroom near Bedroom #6 to be 119.5 degrees Fahrenheit.
18	
19	The covered patio area contained furniture was in good condition. The back yard was maintained. The
20	back yard contained a fountain with no water. A detached unit was locked and inaccessible.
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22	During today's inspection, the facility is in compliance with Title 22 regulations. No immediate health and
23	safety risks were observed.
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25	Exit interview conducted. Copy of report provided.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan	
NAME OF LICENSING PROGRAM ANALYST: Nicholas Reed	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/25/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/25/2025