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**Department of**

# SOCIAL SERVICES

***Community Care Licensing***

# *FACILITY EVALUATION REPORT*

**Facility Number:** 197609813
**Report Date:** 06/30/2021
**Date Signed:** 06/30/2021 11:09:28 AM

**Document Has Been Signed on** 06/30/2021 11:09 AM **- It Cannot Be Edited**

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 21731 VENTURA BLVD., STE. 250<br>WOODLAND HILLS, CA 91364 |
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|---|---|---|---|---|---|
| FACILITY NAME: | LAND OF PEACE 1 | | | FACILITY NUMBER: | 197609813 |
| ADMINISTRATOR: | ZAKHARYAN, TIGRAN | | | FACILITY TYPE: | 740 |
| ADDRESS: | 6624 SALE AVENUE | | | TELEPHONE: | (818) 704-6828 |
| CITY: | WEST HILLS | STATE: CA | | ZIP CODE: | 91307 |
| CAPACITY: 6 | | CENSUS: 6 | | DATE: | 06/30/2021 |
| TYPE OF VISIT: | Required - 1 Year | UNANNOUNCED | | TIME BEGAN: | 10:30 AM |
| MET WITH: | Sona Muradyan | | | TIME COMPLETED: | 11:15 AM |

**NARRATIVE**

Licensing Program Analyst (LPA) Pitz conducted an unannounced infection control visit on this day.

LPA was greeted upon entry and screened for COVID-19 symptoms. LPA toured the facility with administrator Sona Muradyan and confirmed that they do have an approved mitigation plan on file. LPA utilized the infection control domain of the RCFE inspection tool to verify that the facility was in compliance with various aspects of the mitigation plan, including but not limited to: screening visitors, having ample handwashing/ sanitizing supplies on site, having adequate PPE on site, having signs posted throughout the facility to remind residents and staff of various Covid precautions.

LPA did not note any concerns at the time of visit.

Report reviewed, signed and delivered. Exit interview conducted, no deficiencies cited.

**NAME OF LICENSING PROGRAM MANAGER:** Eva Miller
**NAME OF LICENSING PROGRAM ANALYST:** Alexander Pitz

| LICENSING PROGRAM ANALYST SIGNATURE: | |
|---|---|
| | **DATE:** 06/30/2021 |
| **I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.** | |
| **FACILITY REPRESENTATIVE SIGNATURE:** | |
| | **DATE:** 06/30/2021 |

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