

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609814

Report Date: 06/30/2021

Date Signed: 06/30/2021 12:06:42 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 2	FACILITY NUMBER: 197609814
ADMINISTRATOR: ZAKHARYAN, TIGRAN	FACILITY TYPE: 740
ADDRESS: 6636 SALE AVENUE	TELEPHONE: (818) 704-9174
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: 11:15 AM
MET WITH: Sona Muradyan	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Pitz conducted an unannounced infection control visit on this day.
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3	LPA was greeted upon entry and screened for COVID-19 symptoms. LPA toured the facility with
4	administrator Sona Muradyan and confirmed that they do have an approved mitigation plan on file. LPA
5	utilized the infection control domain of the RCFE inspection tool to verify that the facility was in
6	compliance with various aspects of the mitigation plan, including but not limited to: screening visitors,
7	having ample handwashing/ sanitizing supplies on site, having adequate PPE on site, having signs
8	posted throughout the facility to remind residents and staff of various Covid precautions.
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10	LPA did not note any concerns at the time of visit.
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12	Report reviewed, signed and delivered. Exit interview conducted, no deficiencies cited.
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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.