

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609815
Report Date: 07/31/2022
Date Signed: 07/31/2022 01:31:53 PM

Document Has Been Signed on 07/31/2022 01:31 PM - It Cannot Be Edited

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 4	FACILITY NUMBER: 197609815
ADMINISTRATOR: SONA MURADYAN	FACILITY TYPE: 740
ADDRESS: 22615 KITTRIDGE STREET	TELEPHONE: (818) 704-4204
CITY: WEST HILLS	STATE: CA
CAPACITY: 6	ZIP CODE: 91307
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Cecilia Tembo	DATE: 07/31/2022
	UNANNOUNCED TIME BEGAN: 10:55 AM
	TIME COMPLETED: 01:35 PM

NARRATIVE	
1	At 10:55 a.m. on 07/31/2022, Licensing Program Analyst (LPA) Nicholas Reed conducted an
2	unannounced annual visit. LPA met with staff and later Administrator and disclosed the reason for the
3	visit. LPA and staff toured the facility inside and out.
4	
5	The facility was last visited on 07/23/2021 for an annual visit. It is a single story building with 6
6	bedrooms, 3 bathrooms, kitchen, garage, common areas, and outdoor areas. It has an approved fire
7	clearance for 6 residents, of which 5 may be non-ambulatory and 1 may be bedridden in Bedroom #6.
8	The facility serves residents with dementia. Approved hospice waivers for 6. The facility uses
9	surveillance cameras on the interior.
10	
11	Entry: LPA observed a maintained front yard. The facility's visitation and COVID policies were hung on
12	the front door.
13	
14	Screening: LPA was screened for infectious disease upon entry. The screening station contained visitor
15	log, hand sanitizer, and digital thermometer. LPA advised to create two additional columns in the visitor
16	log to record symptoms and vaccination status of visitors. LPA postings for Ombudsman contact,
17	confidential complaints, resident rights, administrator certificates, facility license, facility sketch, and
18	COVID policies.
19	
20	Bedrooms: The facility has 6 bedrooms. 5 are private. 1 is shared. Bedroom #1 is designated for staff.
21	LPA observed no hazards in the staff bedroom. Bedroom #2 had a sign hung on the door: Oxygen in
22	use – No smoking. LPA observed an oxygen tank, full bedrails, and a mat by the bed. Staff confirmed
23	the mat is a safety measure when the resident independently gets out of bed. Bedroom #3 contained a
24	Hoyer lift. Bedroom #4 is a shared bedroom. One resident was observed watching television and stated
25	they liked the facility. Bedroom #5 was unoccupied. Bedroom #6 contained a private bathroom. The
	auditory alarm for the sliding door was detected at approximately 11:35 a.m. A resident was watching
	television in the bedroom. All bedrooms contained a chair, nightstand, lamp, storage, and bed with
	adequate bedding. All furnishings were clean and in good condition.

NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris

NAME OF LICENSING PROGRAM ANALYST: Nicholas Reed

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/31/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/31/2022

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

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 (Cont)

FACILITY NAME: LAND OF PEACE 4

FACILITY NUMBER: 197609815

VISIT DATE: 07/31/2022

NARRATIVE

- 1 Bathrooms: The facility has 3 bathrooms. All bathrooms contained liquid soap, paper towels,
- 2 handwashing instruction sign, trash can with a tight fitting lid, grab bars near the shower, and a non-skid
- 3 mat in the shower. Bathroom #1 is designated for staff and visitors. Bathroom #2 contained 2 showers
- 4 with shower seats in each. At approximately 11:25 a.m. LPA observed a broken toilet paper holder, a
- 5 broken faucet, and no grab bars around the toilet. Staff informed LPA the tap was turned off and the
- 6 other tap next to it is functional. At 11:27 a.m. LPA measured the water temperature in Bathroom #1 to
- 7 be 106.2 degrees Fahrenheit.
- 8
- 9 Kitchen: LPA observed an adequate supply of perishable and non-perishable food. Appliances were
- 10 functional. Sharps were locked by the stove. Medications were locked near the refrigerator. Staff was
- 11 observed preparing food for lunch at approximately 11:40 p.m.
- 12
- 13 Laundry: LPA observed a functional washer and dryer in the laundry area. Detergents were locked
- 14 above the appliances. A fully charged fire extinguisher hung on the wall near the appliances. A receipt
- 15 from 05/03/2022 was attached to the fire extinguisher.
- 16
- 17 Common Areas: Walls, floors, ceilings, windows, screens, and blinds were clean and in good repair. At
- 18 11:50 a.m. LPA measured the room temperature to be 79.8 degrees Fahrenheit.
- 19
- 20 Safety: All emergency exit paths were free from obstructions. Exit gates were unlocked. Emergency
- 21 Disaster Plan posted at the front. Facility sketch with evacuation routes was posted throughout the
- 22 facility. At 1:15 p.m. LPA tested the dual-function smoke and carbon monoxide detector to be
- 23 operational. At approximately 11:55 a.m. LPA detected 5 out of 5 auditory alarms functioning.
- 24
- 25 Outdoor areas: LPA observed a covered patio with furniture in good repair. The back yard was
- 26 maintained.
- 27
- 28 During today's inspection, the facility is in compliance with Title 22 regulations.
- 29
- 30 Exit interview conducted. Copy of report provided.
- 31
- 32

NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris

NAME OF LICENSING PROGRAM ANALYST: Nicholas Reed

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/31/2022

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/31/2022