

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609823
Report Date: 10/02/2025
Date Signed: 10/02/2025 02:24:35 PM

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

FACILITY NAME:	ALALIK CARE HOME	FACILITY NUMBER:	197609823
ADMINISTRATOR/ARZUMANYAN, HARUTYUN DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	11152 WOODLEY AVE	TELEPHONE:	(818) 818-1808
CITY:	GRANADA HILLS	STATE: CA	ZIP CODE: 91344
CAPACITY: 6		CENSUS: 6	DATE: 10/02/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	09:29 AM
MET WITH:	Hartyun Arzuanyan,	BEGAN: TIME VISIT/INSPECTION	02:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Michael Cava conducted an Annual Required visit and inspection of the facility. LPA met with the administrator, Harytyun Arzumanyan and explained the reason for the visit.
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4	At approximately 9:45am, with the assistance, LPA took a tour of the physical plant. The facility is a one story building. Fire clearance is for five (5) non-ambulatory and one (1) bedridden, for a total capacity of six (6). Bedridden fire clearance is for either room #3 or #6 only. Required postings were observed in the entry area. The smoke alarms and carbon monoxide are dual. They are battery operated. The facility has two fire extinguishers, located in the hallway by resident rooms and one in the kitchen. Both fire extinguishers were purchased on September 24, 2025.
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7	Kitchen: The kitchen appliances and fixtures were functional. LPA observed a sufficient amount of perishable and non-perishable food properly stored. Knives are stored in a locked drawer in the kitchen.
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10	Bedrooms: There are six (6) bedrooms designated for residents' use. All six bedrooms were properly furnished with appropriate beddings and linens. Rooms have sufficient closet space and lighting.
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13	Bathrooms: There are four (4) bathrooms of which three (3) are designated for residents' use. One bathroom is designated for staff and guests. The bathrooms designated for the resident's use were properly supplied and had functional fixtures. Hot water temperature was measured at 116 degrees Fahrenheit. No cleaning supplies observed in any of the bathrooms during the inspection.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Michael Cava

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/02/2025

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: ALALIK CARE HOME FACILITY NUMBER: 197609823
VISIT DATE: 10/02/2025

NARRATIVE	
1	Common Areas: These included the living room and dining area. The common areas were properly furnished with appropriate seating and couches. The dining room table was large enough to seat the six (6) residents. There is a fireplace, that is non-operational. Furniture is maintained and in good repair. Floors were mopped and clean. Hallways/passageways were clear of obstruction. The auditory alarms on all exit doors were on and functional at the time of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Michael Cava
LICENSING PROGRAM ANALYST SIGNATURE: DATE: 10/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 10/02/2025
