

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609829
Report Date: 09/10/2025
Date Signed: 09/10/2025 12:40:38 PM

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

FACILITY NAME:	ARARAT BOARD AND CARE	FACILITY NUMBER:	197609829
ADMINISTRATOR/SARGSYAN, KARINE		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	6614 TEESDALE AVE	TELEPHONE:	(818) 624-4180
CITY:	NORTH HOLLYWOOD	STATE: CA	ZIP CODE: 91606
CAPACITY: 6		CENSUS: 5	DATE: 09/10/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	09:44 AM
		BEGAN:	
MET WITH:	Mariam Panadzhyan - Licensee	TIME VISIT/INSPECTION	12:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Quoc Huynh arrived at the facility unannounced to conduct a required annual visit at 9:44AM. The LPA met with the Licensee Mariam Panadzhyan and informed them of the reason for the visit. Entrance interview conducted.
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5	Beginning at 9:49AM, the LPA and Licensee toured the physical plant areas inside and outside to ensure there were no health and safety hazards, and facility is in compliance with Title 22 Regulations. The following was observed:
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9	BEDROOMS/RESTROOMS: There were four (4) total bedrooms: one (1) private resident bedroom and three (3) shared resident bedrooms. Bedrooms #1 and #4 had direct exits to the outside and Bedroom #1 was approved for one (1) Bedridden resident. Bedrooms were furnished appropriately with clean linens, appropriate furnishings and sufficient lighting. Extra linens were stored in a cabinet located in the living room. Additionally, there was one (1) locked staff room that was utilized as an office and contained medications and files. There were four (4) total restrooms in the facility: two (2) common resident restrooms, one (1) private staff restroom, and one (1) private resident restroom. Restrooms were clean, sanitary, and in operating condition with grab bars and non-slip surfaces. All restrooms were sufficiently stocked with soap, paper products, and displayed hand washing signs. Hot water was tested and measured between 109.6 degrees F and 118.8 degrees F, which is within the required range per regulation. Additionally, the facility measures the water temperatures weekly.
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21	Report Continued on LIC 809-C
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/10/2025

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 III, 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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Created By: Quoc Huynh On 09/10/2025 at 12:13 PM
Link to Parent Document Below:

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

FACILITY NAME: ARARAT BOARD AND CARE	FACILITY NUMBER: 197609829
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 09/10/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87412(a)(11)	
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Personnel Records

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (11) A health screening as specified in Section 87411, Personnel Requirements - General.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on interview and record review, the licensee did not comply with the section cited above in 1 staff did not have a health screening and TB test on file which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 09/24/2025
	Plan of Correction
1 2 3 4	The Licensee will have the staff obtain their health screening and TB test and provide CCLD with the documents and results by the POC due date.

		Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Kristin Heffernan Quoc Huynh
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NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/10/2025

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS N.ASC, 21731 VENTURA
BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: ARARAT BOARD AND CARE

FACILITY NUMBER: 197609829

VISIT DATE: 09/10/2025

NARRATIVE

- 1 **COMMON AREAS:** At the time of the visit, living room and dining room furniture was observed to be in
2 good condition. Required postings were observed in the entryway walls. The facility maintained a
3 comfortable temperature throughout the visit. The LPA observed nightlights throughout the hallways.
4
- 5 **KITCHEN:** The LPA observed knives stored inaccessible in the office/staff room. Kitchen appliances
6 were clean and in operable condition. The facility had a supply of perishable and non-perishable food.
7 Food in the refrigerator and freezer were observed to be properly stored with labels and dates.
8
- 9 **OUTDOOR AREA:** The surrounding grounds had a shaded patio area equipped with furniture in good
10 condition for residents and visitor use. The front yard had a driveway with a remote operated gate as
11 well as a door for everyday use. There was one (1) emergency exit located on the side of the facility that
12 was self-latching and led to the front yard. The other side of the facility had a locked shed that contained
13 general storage/equipment. All exits and passageways were free of obstruction. The LPA observed an
14 additional shed in the backyard that contained general storage and emergency food and water.
15
- 16 **RECORDS:** Record review began at 10:21AM. Resident records were reviewed for, but not limited to
17 care plans, physician's report, admissions agreement, and consent forms. All records were in order.
18 Personnel records were reviewed for, but not limited to health assessments, criminal record clearances,
19 first aid/CPR training, and the appropriate training. One (1) staff did not have a health screening and TB
20 test on file. The Staff and Licensee stated it was provided, however were unable to provide the LPA with
21 the documentation.
22
- 23 **INFECTION CONTROL/EMERGENCY DISASTER PLAN:** During today's visit, LPA reviewed the
24 facility's infection control plan and emergency disaster plan. Both documents were observed to be
25 complete and reviewed annually as required. Emergency disaster drills are conducted quarterly, with the
26 last documented drill on 07/05/2025. Smoke and carbon monoxide detectors were tested at 10:12AM
27 and were operational. Additionally, the facility tests the smoke and carbon monoxide detectors monthly.
28 Two (2) fire extinguishers were observed and were purchased on 08/16/2025.
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- 30 **Report Continued on LIC 809-C**
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/10/2025

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DATE: 09/10/2025

LIC809 (FAS) - (06/04)

Page: 4 of 5

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** ARARAT BOARD AND CARE**FACILITY NUMBER:** 197609829**VISIT DATE:** 09/10/2025**NARRATIVE**

1 **MEDICATIONS:** Medication review began at 11:50AM. Medications were centrally stored and kept
2 inaccessible. Medications were observed for two (2) residents. Medications were labeled and checked
3 for expiration dates and were properly documented on the centrally stored medications and destruction
4 record. No errors observed during the medication review.

5
6 Pursuant to Title 22 CA Code of Regulations and/or Health and Safety Code, the following deficiency
7 was cited (Refer to LIC 809-D).

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9 Exit interview conducted. A copy of the Appeal Rights and report was reviewed and provided.
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan**NAME OF LICENSING PROGRAM ANALYST:** Quoc Huynh**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 09/10/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 09/10/2025