

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609845

Report Date: 01/07/2026

Date Signed: 01/07/2026 02:25:29 PM

Document Has Been Signed on 01/07/2026 02:25 PM - It Cannot Be Edited

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:	SWEET HOME SENIOR LIVING FACILITY	FACILITY NUMBER:	197609845
ADMINISTRATOR/DIRECTOR:	KAREN BABAYAN	FACILITY TYPE:	740
ADDRESS:	6456 VARNA AVENUE	TELEPHONE:	(818) 666-7598
CITY:	VAN NUYS	STATE:	CA
CAPACITY:	6	ZIP CODE:	91401
TYPE OF VISIT:	Required - 1 Year	CENSUS:	5
		DATE:	01/07/2026
		UNANNOUNCED TIME VISIT/INSPECTION:	11:25 AM
MET WITH:	Lusine Srmikyan - Licensee Marine Bekyan - Coordinating Manager	BEGAN TIME VISIT/INSPECTION:	02:30 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Quoc Huynh arrived at the facility unannounced to conduct a required
2 annual visit at 11:25AM. The LPA met with the Licensee Lusine Smrkiyan and Coordinating Manager
3 (CM) Marine Bekyan and informed them of the reason for the visit. Entrance interview conducted.
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5 Beginning at 11:43AM, the LPA and Licensee toured the physical plant areas inside and outside to
6 ensure there are no health and safety hazards, and facility is in compliance with Title 22 Regulations.
7 The facility is a single-story residential home on shared property with other related facilities. The
8 following was observed:
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10 **OUTDOOR AREA:** The surrounding grounds had multiple shaded patio areas equipped with furniture in
11 good condition for resident and visitor use. The front yard had a driveway with a remote operated gate
12 as well as a door for everyday use. There was one (1) emergency exit door located on one (1) side of
13 the facility that led to the front yard. Exits and passageways were free of obstructions. The facility had
14 additional gates with access to the neighboring three (3) facilities that the Licensee also operates.
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16 **COMMON AREAS:** At the time of the visit, living room and dining room furniture was observed to be in
17 good condition. Required postings were observed on the entryway wall. The facility maintained a
18 comfortable temperature throughout the visit. Nightlights were observed throughout the hallways. There
19 was a closet located in the hallway which contained laundry machines in operating condition and extra
20 supplies of linens.
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22
23 **Report Continued on LIC 809-C**
24
25

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/07/2026

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: SWEET HOME SENIOR LIVING FACILITY

FACILITY NUMBER: 197609845

VISIT DATE: 01/07/2026

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>KITCHEN: The LPA observed knives and medications stored inaccessible in a locked drawer and cleaning supplies secured under the sink. An additional supply of medications and files were also secured in a cabinet. Kitchen appliances were clean and in operable condition. The facility had a supply of perishable and non-perishable food, as well as emergency food and water stored in the office. Food in the refrigerator and freezer were observed to be properly stored with labels and dates. Grocery shopping occurs every two (2) weeks, sometimes more when needed.</p> <p>BEDROOMS/RESTROOMS: There were four (4) total bedrooms: two (2) shared and two (2) private. Bedroom #3 had a direct exit to the outside and was approved for one (1) bedridden resident. Bedrooms were furnished appropriately with clean linens, appropriate furnishings and sufficient lighting. There were three (3) total restrooms in the facility: two (2) private and one (1) shared. Restrooms were clean and 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. Hygiene products were secured in each restroom. Hot water was tested and measured between 110.1 degrees F and 115.2 degrees F which is within the required range per regulation.</p> <p>MEDICATIONS: Medication review began at 11:57AM. Medications were centrally stored and kept inaccessible in the kitchen. Medications were observed for two (2) residents. Medications were labeled and checked for expiration dates and were properly documented on the centrally stored medications and destruction record. No errors observed during the medication review.</p> <p>RECORDS: Record review began at 12:47PM. Resident records were reviewed for, but not limited to care plans, physician's report, admissions agreement, and consent forms. All records were in order. Personnel records were reviewed for, but not limited to health assessments, criminal record clearances, first aid/CPR training, and the appropriate training. All records were in order.</p> <p>Report Continued on LIC 809-C</p>

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan	
NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/07/2026

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FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 01/07/2026

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NARRATIVE

1 **INFECTION CONTROL/EMERGENCY DISASTER PLAN:** During today's visit, LPA reviewed the
 2 facility's infection control plan and emergency disaster plan. Both documents were observed to be
 3 complete and reviewed annually as required. Fire extinguishers were observed throughout the facility
 4 and were last serviced on 05/16/2025. Emergency disaster drills are conducted quarterly, with the last
 5 documented drill on 12/20/2025. Smoke and carbon monoxide detectors as well as fire doors were
 6 tested at 11:55AM and were operational.

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 8 No deficiency cited. Exit interview conducted. A copy of the report was reviewed and provided.
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