

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609876
Report Date: 01/10/2026
Date Signed: 01/10/2026 10:24:22 AM

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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:	A-1 ASCENDED SENIOR CARE	FACILITY NUMBER:	197609876
ADMINISTRATOR/TOPCHYAN, HARUT		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	16444 GERMAIN STREET	TELEPHONE:	(818) 667-4915
CITY:	GRANADA HILLS	STATE: CA	ZIP CODE: 91344
CAPACITY: 6		CENSUS: 6	DATE: 01/10/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	08:06 AM
		BEGAN:	
MET WITH:	Kyanna Herrera	TIME VISIT/INSPECTION	10:30 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Michael Cava conducted an Annual Required visit and inspection of the facility. LPA met with staff, Kyanna Herrera and advised her of for the reason of the visit. The administrator, Harut Tophyan was advised of the annual over the telephone.
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5	At approximately 8:15am, LPA took a tour of the physical plant. The facility is a one story building. Required postings were observed in the entry area. The smoke alarms and carbon monoxide are dual and interconnected. The fire extinguisher is located in the kitchen. Charge date is 01/09/25. Complete 1st aid kit is maintained in the kitchen, by the fire extinguisher.
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9	Kitchen: The kitchen appliances and fixtures were functional. LPA found a sufficient amount of perishable and non-perishable food properly stored. Knives were stored in a locked drawer in the kitchen.
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13	Bedrooms: There were five (5) bedrooms designated for residents' use. Rooms #1 to #4 are private, and Room #5 is shared. All bedrooms were properly furnished with appropriate beddings and linens with sufficient lighting. Exit doors in resident rooms were checked to insure door alert was working.
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17	Bathrooms: There are two (2) bathrooms. LPA observed that the bathrooms were properly supplied and had functional fixtures. Hot water temperature was measured between 109 to 112 degrees Fahrenheit. LPA did not observe any cleaning supplies in either bathrooms accessible to the residents during the day's inspection.
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NAME OF LICENSING PROGRAM MANAGER:	Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST:	Michael Cava

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/10/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**FACILITY REPRESENTATIVE SIGNATURE:**

DATE: 01/10/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: A-1 ASCENDED SENIOR CARE	FACILITY NUMBER: 197609876
	VISIT DATE: 01/10/2026

NARRATIVE	
1	Common Areas: These included the living room and dining area. The living room is furnished with sufficient seating of couches, recliner, chair and television. There is a fireplace that is non-functional. Fireplace has a chained screen and glass door. No fireplace tools were present. The dining room table is large enough to seat up to six (6) individuals. The auditory alarms on all exit doors were on and functional at the time of the visit. Floors in common areas were mopped and clean, and the furniture was in good repair.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan	
NAME OF LICENSING PROGRAM ANALYST: Michael Cava	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/10/2026
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