<meta name="robots" content="noindex">

**Department of**

# SOCIAL SERVICES

***Community Care Licensing***

# *FACILITY EVALUATION REPORT*

**Facility Number:** 197609909
**Report Date:** 02/07/2026
**Date Signed:** 02/07/2026 02:50:08 PM

**Document Has Been Signed on** 02/07/2026 02:50 PM **- It Cannot Be Edited**

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

| | | | | |
|---|---|---|---|---|
| FACILITY NAME: | SKY LIGHT RESIDENTIAL CARE | | FACILITY NUMBER: | 197609909 |
| ADMINISTRATOR/ DIRECTOR: | PODRUMYAN, MARO | | FACILITY TYPE: | 740 |
| ADDRESS: | 19856 MAYALL STREET | | TELEPHONE: | (818) 945-8301 |
| CITY: | CHATSWORTH | STATE: CA | ZIP CODE: | 91311 |
| CAPACITY: 6 | | CENSUS: 6 | DATE: | 02/07/2026 |
| TYPE OF VISIT: | Required - 1 Year | UNANNOUNCED | TIME VISIT/ INSPECTION BEGAN: | 10:52 AM |
| MET WITH: | Maro Podrumyan | | TIME VISIT/ INSPECTION COMPLETED: | 03:00 PM |

**NARRATIVE**

Licensing Program Analyst (LPA) Michael Cava conducted an Annual Required visit and inspection of the facility. LPA met with the administrator, Maro Podrumyan, and explained the reason for the visit.

At approximately 11:00am, LPA took a tour of the physical plant. Required postings were observed in the entry area. The smoke alarms and carbon monoxide are dual and interconnected. There are three fully charged fire extinguishers. One is located in the kitchen, one in the dining room and one in the hallway by resident rooms.

**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 and cleaning supplies were stored locked underneath the kitchen sink.

**Bedrooms:** There are six (6) bedrooms, of which five (5) are designated for residents' use. Rooms #1 and #5 are shared. Rooms #2, #3, and #4 are private. Room #6 is for live-in staff. Bedrooms in use by the residents were observed to be properly furnished with appropriate beddings and linens with sufficient lighting.

**Bathrooms:** There are three and one half (3 1/2) bathrooms. Three bathrooms are designated for residents' use. The half bathroom is for staff and visitors. Bathrooms were properly supplied and had functional fixtures, bars and non-skid mats. Hot water temperature was measured at 120 degrees Fahrenheit. No cleaning supplies were observed in either bathrooms during the day of the inspection.

**NAME OF LICENSING PROGRAM MANAGER:** Naira Margaryan
**NAME OF LICENSING PROGRAM ANALYST:** Michael Cava

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/07/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/07/2026

**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.





**FACILITY NAME:** SKY LIGHT RESIDENTIAL CARE **FACILITY NUMBER:** 197609909

**VISIT DATE:** 02/07/2026

## NARRATIVE

**Common Areas**: Common areas include the living room and dining room. The living room is furnished with sufficient seating, couches, chairs, a table and television. The dining room table is large enough to seat up to six (6) individuals. Furniture in common areas are observed to be in good repair. Floors were mopped and clean.

**Surrounding Grounds**: Entry/exits to the front and back yards were free of obstruction. There is a patio area in the backyard. The swimming pool is fenced with a five foot fence all around it's parameters and a locked gate. There are tool sheds in the back that were locked during the visit.

**Laundry area**: The laundry area is located next to the kitchen. Detergents, toxins and cleaning supplies are kept in a locked cabinet there.

**Staff Workstation/Office**: Staff work station, where staff and resident records are kept, is located at the corner of the dining room.

**Resident Files**: LPA conducted a file review of resident records to insure compliance of licensing forms.

**Staff Files**: LPA also conducted a file review of staff records to insure forms and training are up to date and compliance with licensing forms.

**Medications**: Medication closet is located in the hallway, by the front entry. Medications were reviewed for proper locks, storage, and documentation.

**Garage:** No garage.

Pursuant to Title 22 Division 6 of the CA Code of Regulations, no deficiencies observed during the visit. Exit Interview Conducted and a Copy of the Report Issued.

**NAME OF LICENSING PROGRAM MANAGER:** Naira Margaryan
**NAME OF LICENSING PROGRAM ANALYST:** Michael Cava
**LICENSING PROGRAM ANALYST SIGNATURE:**
**DATE:** 02/07/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**
**DATE:** 02/07/2026