

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610017

Report Date: 01/18/2022

Date Signed: 01/18/2022 12:25:59 PM

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

FACILITY NAME:	SHERWOOD FOREST SENIOR LIVING	FACILITY NUMBER:	197610017
ADMINISTRATOR:	MKRTCHYAN, ANI	FACILITY TYPE:	740
ADDRESS:	8635 AMESTOY AVENUE	TELEPHONE:	(818) 322-2222
CITY:	SHERWOOD FOREST	STATE: CA	ZIP CODE: 91325
CAPACITY:	6	CENSUS: 3	DATE: 01/18/2022
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	10:00 AM
MET WITH:	Gohar Akashyan	TIME COMPLETED:	12:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA), Patrick Shanahan, Arrived at the facility and was greeted by facility staff. LPA had his temperature taken at the front door and was not allowed entry until all covid measures were completed.
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5	LPA conducted an Infection Control Annual Visit. The home has 5 bedrooms and 2 bathrooms. The facility appeared clean and sanitary. All smoke alarms and carbon monoxide detectors were functioning properly and the fire extinguisher appeared functional. There are no pools or other bodies of water present at the home.
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10	The facility is following their approved mitigation plan and no deficiencies were observed.
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12	Exit interview conducted and report issued.
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NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard

NAME OF LICENSING PROGRAM ANALYST: Patrick Shanahan

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 01/18/2022

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 01/18/2022

This report must be available at Child Care and Group Home facilities for public review for 3 years.