

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 197610191

Report Date: 03/03/2022

Date Signed: 03/03/2022 11:25:59 AM

Document Has Been Signed on 03/03/2022 11:25 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: GARDENS AT NORTHRIDGE, THE	FACILITY NUMBER: 197610191
ADMINISTRATOR: KESHISHYAN, VARSENİK	FACILITY TYPE: 741
ADDRESS: 17650 WEST DEVONSHIRE STREET	TELEPHONE: (818) 886-1616
CITY: NORTHRIDGE STATE: CA	ZIP CODE: 91325
CAPACITY: 135	CENSUS: DATE: 03/03/2022
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 10:59 AM
MET WITH: Varsenik Keshishyan	TIME COMPLETED: 11:17 AM

### NARRATIVE

1 Facility Type: RCFE-CCRC  
2 Application Type: Change of Ownership :  
3 Capacity: 135  
4 Census (if any clients in care): 65  
5 COMP II Participants: Varsenik Keshishyan  
6 Interview Method: Telephone interview  
7 On March 03, 2022, applicant/administrator participated in COMP II. Identification of  
8 the applicant and administrator was verified through interview questions based on  
9 photo ID and other identifying personal information. During COMP II, applicant and  
10 administrator confirmed the understanding of the California Code Title 22  
11 Regulations. Signed LIC 809 with copy of photo ID have been obtained.  
12 During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of  
13 following areas:  
14 1. Facility operation: License type, client/resident populations, and program  
15 2. Admission Policies  
16 3. Staffing requirements & Training  
17 4. Restrictive/Prohibited Health Conditions  
18 5. General provisions  
19 6. Emergency Preparedness  
20 7. Complaints & Reporting  
21 8. Pre-licensing readiness

**NAME OF LICENSING PROGRAM MANAGER:** Jude De La Concepcion  
**NAME OF LICENSING PROGRAM ANALYST:** Bethany Hunter

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/03/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/03/2022

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