

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610199
Report Date: 11/23/2021
Date Signed: 11/24/2021 12:20:51 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 744 P STREET, MS 9-14-8201	
		SACRAMENTO, CA 95814	
FACILITY NAME: A PARADISE VILLA		FACILITY NUMBER:	197610199
ADMINISTRATOR: HAKOBYAN, ANNA		FACILITY TYPE:	740
ADDRESS: 9925 COLLETT AVE.		TELEPHONE:	(818) 919-5595
CITY: NORTH HILLS	STATE: CA	ZIP CODE:	91343
CAPACITY: 6	CENSUS:	DATE:	11/23/2021
TYPE OF VISIT: Office	UNANNOUNCED TIME BEGAN:		08:00 AM
MET WITH: Anna Hakobyan	TIME COMPLETED:		08:30 AM

NARRATIVE	
1	COMP II by CAB successfully completed
2	
3	
4	
5	Facility Type: RCFE
6	Application Type: INC
7	
8	Capacity: 6
9	Census (if any clients in care): NO
10	Method: Telephone at CAB
11	
12	COMP II Participants: Anna Hakobyan (Applicant/Administrator)
13	
14	Applicant/Administrator participated in COMP II at CAB via telephone with
15	analyst at CAB. Identification of the Applicant and Administrator was
16	verified by providing California Driver License number. During COMP II,
17	Applicant and Administrator confirmed the understanding of Title 22.
18	Component II was successfully completed. Applicant and Administrator
19	were advised to email/fax signed LIC 809 with copy of photo ID to CAB.
20	
21	
22	
23	
24	During COMP II, CAB analyst confirmed Applicant/Administrator's
25	understanding of following areas:
	1. Facility operation: License type, client/resident populations, and program

2. Staff qualifications and responsibilities
 3. Applicant and Administrator qualifications
 4. Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted & prohibited conditions
 5. Grievances, Complaints, Community resources
 6. Physical plant, food service
- Application document review and technical assistance: Criminal record clearance,
Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history,
Control of property

NAME OF LICENSING PROGRAM MANAGER: Julia Kim

NAME OF LICENSING PROGRAM ANALYST: Thai Doan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/24/2021

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