

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610199

Report Date: 01/14/2026

Date Signed: 01/14/2026 01:05:40 PM

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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
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FACILITY NAME: A PARADISE VILLA	FACILITY NUMBER: 197610199
ADMINISTRATOR/HAKOBYAN, ANNA DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 9925 COLLETT AVE.	TELEPHONE: (818) 919-5595
CITY: NORTH HILLS	STATE: CA
CAPACITY: 6	ZIP CODE: 91343
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
	DATE: 01/14/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	10:30 AM
	BEGAN:
MET WITH: Anna Hakobyan- Licensee	TIME VISIT/INSPECTION
	01:35 PM
	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Leslie Ngo-Castaneda conducted an annual required visit and
2	inspection of the facility. LPA met with licensee, Anna Hakobyan, met with LPA, explained the reason for
3	the visit.
4	
5	At 10:40 am, with the assistance of licensee, LPA took a tour of the physical plant. Required postings
6	were observed in the entry area. At 11:38 AM the smoke alarms were tested and are operational that are
7	located each bedroom, the hallway and kitchen. There are carbon monoxide detectors that functions
8	properly. The fire extinguisher is in the kitchen. The charge date is 11/2025. During the visit the facility is
9	at 73 degrees Fahrenheit. The facility is fire cleared for six (06) non-ambulatory residents, one (1) which
10	may be bedridden. Facility is approved for six (6) hospice waiver.
11	
12	Kitchen: The kitchen appliances and fixtures were functional. The kitchen has a working gas stove,
13	faucet, freezer, refrigerator, and microwave. LPA found enough at least two (2) days perishable and
14	seven (7) days non-perishable food at the facility that is properly stored. Frozen foods are wrap, dated,
15	and stored properly as well. Knives were stored in a locked cabinet in the kitchen. Food storage and
16	preparation areas are clean and inaccessible to pests. Garbage cans have tight fitting covers. Cleaning
17	supplies, pesticides or toxic cleaning supplies were stored and locked away in the kitchen.
18	
19	Bedrooms: There were three (3) bedrooms designated for residents' use. Bedroom #1, bedroom #2
20	and bedroom #3 are shared, but all of the bedrooms has only one resident for now. The bedrooms are
21	used by residents were properly furnished with appropriate dresser, beddings, and linens with sufficient
22	lighting.
23	Continue to LIC 809-C
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Leslie Ngo-Castaneda

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/14/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/14/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
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FACILITY NAME: A PARADISE VILLA

FACILITY NUMBER: 197610199

VISIT DATE: 01/14/2026

NARRATIVE	
1	Bathrooms: There are two (2) bathroom designated for residents' use. The bathrooms were properly
2	supplied and had functional fixtures. Hot water temperature was measured at 116.2 degrees Fahrenheit
3	for bathroom #1 located inside bedroom #3. Bathroom #2 is inside in the hallway between bedroom #1
4	and bedroom #2. Hot water temperature was measured at 115.2 degrees Fahrenheit. There was
5	enough clean linen available in the cabinets in the hallway and bedroom.
6	
7	Common Areas: LPA toured all common areas of the facility. These included the living room and dining
8	area for residents. The common areas were properly furnished. Residents dining table fits enough for
9	six (6). LPA observed common areas to be very clean and tidy. LPA observed the floors to be in very
10	good condition. No obstructions and or tripping hazards throughout the facility. Furniture in common
11	area was observed to be in good repair. There are no issues with Fire Clearance.
12	
13	Infection control: Facility mitigation plan to make sure licensee was following current infection control
14	recommendations. LPA obtain a copy and reviewed the infection control plan during this visit.
15	
16	Surrounding Grounds: Entry and exits were free of obstruction. There was furniture appropriate for
17	outdoor use. The outdoor area was free of hazards. The facility does have a swimming pool, it is fenced
18	up and locked. There is no garage, a parking port is only available in the facility.
19	
20	Laundry service: There is enough linen available to change weekly or more if need. Cleaning supplies
21	are being stored in a locked cabinet in the laundry area and is located in the hallway.
22	
23	Staff Files: LPA also conducted a file review of staff records to ensure forms and training are up to date
24	and compliance with licensing forms. Records were checked for expired or missing certificates and
25	clearances: LPA conducted a file review of staff for criminal record clearances and current First Aid. The
26	administrator file was reviewed for current first aid, fingerprint clearance, administrator certificate, and
27	HIV/AIDS and TB training.
28	
29	
30	Continue to LIC 809-C
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Leslie Ngo-Castaneda
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 01/14/2026

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NARRATIVE

1 **Medications** are in a centrally stored and locked place in the kitchen cabinet, including over-the-counter
 2 medicines; medications are properly labeled and checked for expiration dates. Each centrally stored
 3 prescription and PRN medication has been logged in the medications log with proper documentation
 4 from the clients' doctor. Proper medication dispensing instruction are followed and checked for
 5 contamination. First-aid has all proper items and is current.

6
 7 **Resident records** were reviewed for requirements and legibility: Planned activities are offered. LPA
 8 reviewed five (5) out of the five (5) residents record review to be current and up-to date.

9
 10 Facility is within CA code of Regulations Title 22 or Health and Safety Code. No deficiencies were found,
 11 exit interview conducted, copy of report has been issued and discussed.

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