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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610223
Report Date: 02/10/2026
Date Signed: 02/10/2026 02:26:48 PM

Document Has Been Signed on 02/10/2026 02:26 PM **- It Cannot Be Edited**

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

FACILITY NAME:	NVM COMFORT HOMES		FACILITY NUMBER:	197610223
ADMINISTRATOR/ DIRECTOR:	AGARONYAN, RIMA		FACILITY TYPE:	740
ADDRESS:	16473 MCKEEVER ST		TELEPHONE:	(818) 300-8393
CITY:	GRANADA HILLS	STATE: CA	ZIP CODE:	91344
CAPACITY: 6		CENSUS: 4	DATE:	02/10/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:27 AM
MET WITH:	Rima Agaronyan, Administrator		TIME VISIT/ INSPECTION COMPLETED:	12:30 PM

NARRATIVE

On 02/10/26, at 9:30am, Licensing Program Analyst (LPA) Gina Saucedo conducted an Annual Required visit and inspection of the facility. LPA met with caregiver, Satenic and Leon Garo Kilajian, and advised them of the complaint. The administrator, Rima Agaronyan was called, and arrived shortly after.

LPA asked for the census, resident, and staff files. A physical tour was conducted at 10:15 AM and observed the following:

Kitchen: The kitchen appliances and fixtures were functional. LPA found a sufficient amount of perishable and non-perishable food at the facility. Food was properly stored. Knives and sharps were stored and locked. Cleaning supplies were stored in a locked cabinet underneath the kitchen sink. Additional cleaning supples and detergents were stored and locked in the garage. There is a fire extinguisher on your left hand side of the entrance of the facility in the kitchen area. It is fully charged and dated 09/2025.

Bathrooms: There are two (2) bathrooms. One (1) bathroom is designated for resident's use, and the other one (1) is for staff use. The bathroom that is designated for resident use was properly supplied and had functional fixtures, grab bars and non-skid mat. Hot water temperature was measured at 115.5 degrees Fahrenheit.

809C-Continued

NAME OF LICENSING PROGRAM MANAGER: Troy Agard
NAME OF LICENSING PROGRAM ANALYST: Gina Saucedo

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/10/2026

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

FACILITY NAME: NVM COMFORT HOMES **FACILITY NUMBER:** 197610223

VISIT DATE: 02/10/2026

NARRATIVE

Bedrooms: There are four (4) bedrooms designated for resident's use. One (1) bedroom is shared and three (3) bedrooms are private. All four (4) bedrooms were observed to be properly furnished with appropriate beddings and linens with sufficient lighting.

Living Area/Dining Hall: These included the living room and dining area. The living room is furnished with three couches, recliner, table and television. The dining room table is large enough to seat up to six (6) residents. Furniture were observed to be in good repair. Floors were mopped and clean. Facility does not have a fireplace. There is signal alarms on all exit doors and were operational at time of the visit.

Outside: The front and backyards were maintained and clean. No swimming pool or any other bodies of water. The backyard had patio furniture which is appropriate for outdoor use.

Staff Area next to Kitchen/Medication: Staff workstation is located adjacent to the kitchen. There is a computer and printer available for the resident's use. There is a locked cabinet located at the corner side of the work station where medications, staff and resident files are kept. Complete first aid kit kept on top of the medication cabinet. Medication and Medication Records are also maintained and locked in the cabinet where resident and staff files are maintained.

Garage/Laundry: The garage is attached to the home. Garage is used for laundry area and storage for extra perishable and non-perishable food supply. There is an extra refrigerator in the garage. Entry to the garage is kept locked and inaccessible to residents via the kitchen area. Laundry area is in the garage. There is one (1) washer and dryer.

Resident Files/Staff Files: LPA conducted a file review of four (4) residents and two (2) staff files.

Administration: There is an Ombudsman sign, YES sign, Personal Rights, Temporary Shelter Locations, Administration License, Emergency Disaster Plan, Facility Sketch, Rights of Resident Council. The last fire drill was January 2026. The liability insurance has an expiration date of 03/13/2026.

An exit interview was conducted, no citation(s) were issued, and a copy of this report was given to the administrator.

NAME OF LICENSING PROGRAM MANAGER: Troy Agard
NAME OF LICENSING PROGRAM ANALYST: Gina Saucedo
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 02/10/2026

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