

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610280

Report Date: 06/03/2025

Date Signed: 06/03/2025 02:13:41 PM

Document Has Been Signed on 06/03/2025 02:13 PM - It Cannot Be Edited

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
FACILITY EVALUATION REPORT	

FACILITY NAME: A DREAM VILLA	FACILITY NUMBER: 197610280
ADMINISTRATOR/TER-ARSENYAN, AZNIV	FACILITY TYPE: 740
DIRECTOR:	TELEPHONE: (747) 256-2025
ADDRESS: 17304 PARTHENIA STREET	ZIP CODE: 91325
CITY: SHERWOOD FOREST	STATE: CA
CAPACITY: 6	CENSUS: 5
TYPE OF VISIT: Required - 1 Year	DATE: 06/03/2025
	UNANNOUNCED TIME VISIT/INSPECTION 10:37 AM
	BEGAN: TIME VISIT/INSPECTION 02:30 PM
MET WITH: Azniv Ter-Arsenyan, Administrator	COMPLETED:

NARRATIVE

1 On 06/03/2025 at 10:37AM, Licensing Program Analyst (LPA) Gina Saucedo conducted an
2 unannounced, Annual Inspection and met with caregiver, Karine Kesabyan and the administrator Azniv
3 Ter-Arsenyan was called and arrived about twenty (20) minutes later.
4
5 The physical plant was toured inside and out at 11:15am.
6
7 **Living/Dining Room Area:** LPA Saucedo observed the living room furniture to be clean and in good
8 repair. The facility maintains a comfortable temperature at 74 degrees Fahrenheit. There is a fire
9 extinguisher at the entrance of the facility on your left-hand side dated 05/2026. The telephone line is
10 located in the living room.
11
12 **Bedrooms:** There are six (6) bedrooms for single, occupancy. All resident rooms are numbered. One (1)
13 room is currently vacant. LPA observed rooms to have bedding sheets, pillowcase, blankets,
14 nightstands, televisions, and sufficient lighting for each of the residents sharing the room. Next to
15 bedroom number one (1) there is a closet that is filled with extra linen. There is also a staff office only
16 accessible to staff.
17
18 **Bathrooms:** There are two (2) bathrooms that were toured and checked to make sure bathrooms were
19 clean and in good repair. The hot water temperature measured within regulations of 113 degrees
20 Fahrenheit and 115. The showers have non-slip bathmats and grab bars.
21
22 **Medications** were kept in a locked cabinet in the hallway. All medications were properly labeled and
23 inaccessible to residents.
24
25 LIC 809C-continued

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/03/2025

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: A DREAM VILLA

FACILITY NUMBER: 197610280

VISIT DATE: 06/03/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Kitchen Area: LPA inspected the kitchen area. The refrigerator was clean and in good operation. Knives and sharp objects are kept locked in a cabinet located in the kitchen on your right-hand side and inaccessible to the residents. LPA observed sufficient supply of seven (7) day non-perishable and perishable foods in the cabinet. There is a complete first aid kit located on the kitchen counter. There are chemicals at the bottom of the sink that are locked and inaccessible to the residents.</p> <p>Outside: LPA toured the outside area. LPA observed a covered shaded area for residents and appropriate outdoor furniture. The facility has no body of water on the premises. There is one (1) gate that is locked leading to the outside area towards the street. There are also ramps provided for wheelchair residents. There is one (1) shed that LPA was able to observe and there is a bird cage that is locked and inaccessible to the residents outside of the facility.</p> <p>The carbon monoxide is interconnected with the smoke detector was tested and it was operable. There is also a signal system for the above facility.</p> <p>Garage: The garage is attached to the facility there is an access door from the laundry area. It is used for additional storage of food, chemicals, and laundry area. The laundry area has one (1) washer and one (1) dryer. There are chemicals and extra hygiene on the top shelves inaccessible to the residents.</p> <p>Administration: There was Covid 19 signs on the wall, hygiene sanitation signs, Ombudsman, Theft and Loss Policies, Emergency and Disaster Plan, Rights of Resident Council, Personal Rights and YES sign, surety bond was viewed, and it is up to date. It expires on 02/06/26. Five (5) resident files were reviewed and two (2) staff.</p> <p>An exit interview was conducted, no citation(s) were issued, and a copy of this report was given to the administrator.</p>

NAME OF LICENSING PROGRAM MANAGER: Troy Agard NAME OF LICENSING PROGRAM ANALYST: Gina Saucedo LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/03/2025
---	-------------------------

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/03/2025
---	-------------------------