

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 197610371

Report Date: 01/30/2023

Date Signed: 01/30/2023 10:17:57 AM

Document Has Been Signed on 01/30/2023 10:17 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:	A & A ASSISTED LIVING HOMES	FACILITY NUMBER:	197610371
ADMINISTRATOR:	DAVTYAN, ARMENUHI	FACILITY TYPE:	740
ADDRESS:	9857 LA TUNA CANYON ROAD	TELEPHONE:	(818) 726-0019
CITY:	SUN VALLEY	STATE: ZIP CODE:	CA 91352
CAPACITY:	6	CENSUS:	DATE:
TYPE OF VISIT:	Office	ANNOUNCED	01/30/2023
MET WITH:	Armenuhi Davtyan	TIME BEGAN:	09:59 AM
		TIME COMPLETED:	10:17 AM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Initial
3	Capacity: 6
4	Census (if any clients in care): 0
5	COMP II Participants: Armenuhi Davtyan
6	Interview Method: Telephone interview
7	On January 30, 2023, applicant/administrator participated in COMP II. Identification of the applicant and administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, applicant and administrator confirmed the understanding of the California Code Title 22
8	Regulations. Signed LIC 809 with copy of photo ID have been obtained.
9	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
10	following areas:
11	1. Facility operation: License type, client/resident populations, and program
12	2. Admission Policies
13	3. Staffing requirements & Training
14	4. Restricted/Prohibited Health Conditions
15	5. General provisions
16	6. Emergency Preparedness
17	7. Complaints & Reporting
18	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:** 01/30/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/30/2023

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