

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610371

Report Date: 03/23/2026

Date Signed: 03/23/2026 03:31:17 PM

Document Has Been Signed on 03/23/2026 03:31 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
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FACILITY NAME: A & A ASSISTED LIVING HOMES	FACILITY NUMBER: 197610371
ADMINISTRATOR/DAVTYAN, ARMENUHI DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 9857 LA TUNA CANYON ROAD	TELEPHONE: (818) 726-0019
CITY: SUN VALLEY STATE: CA	ZIP CODE: 91352
CAPACITY: 6 CENSUS: 6	DATE: 03/23/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION 10:30 AM
MET WITH: Administrator, ARMENUHI DAVTYAN	BEGAN: TIME VISIT/ INSPECTION 03:45 PM
	COMPLETED:

NARRATIVE

1 At 10:30a.m., Licensing Program Analyst (LPA) Antonia Alvizar-Ettima conducted an unannounced
2 Required One (1) year inspection to the facility. LPA met the Administrator who granted entry to the
3 facility and explained the reason for the visit.
4
5 At approximately 10:45a.m., LPA and Administrator conducted a physical plant tour inside and out.
6 During the tour, LPA observed that the facility is a home located in a residential community. Required
7 postings were observed in the entry area and hallway. The dual smoke/carbon monoxide detectors are
8 functioning properly located in each bedroom, dining area and hallways. The fire extinguisher is in the
9 dining room and laundry area with purchased date of 05/03/2025. During the visit the facility is set at 75
10 degrees Fahrenheit. The facility is fire cleared for six (6) non-ambulatory residents; of which one (1) may
11 be bedridden; six (6) hospice waiver. Fire Emergency drill was last conducted on 01/06/2026. The
12 facility is currently occupying six (6) residents.
13
14 LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed
15 the following:
16
17 **Kitchen:** LPA observed kitchen appliances and fixtures were functional. The kitchen has a working gas
18 stove, freezer, refrigerator, microwave and dish washer. LPA found at least two (2) days perishable and
19 seven (7) days non-perishable food at the facility that is properly stored. Frozen foods are wrapped and
20 stored properly as well. Knives were stored in a locked drawer in the kitchen. Food storage and
21 preparation areas are clean
22
23 Cont. on LIC 809-C
24
25

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Antonia Alvizar-Ettima

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/23/2026

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: A & A ASSISTED LIVING HOMES

FACILITY NUMBER: 197610371

VISIT DATE: 03/23/2026

NARRATIVE	
<p>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>	<p>Cont. from LIC 809</p> <p>and inaccessible to pests. Garbage cans have tight fitting covers. Toxic cleaning supplies were stored and locked away under kitchen sink. Medications: are in a centrally stored and locked medication cabinet in kitchen cabinet, including over-the-counter medicines; medications are properly labeled and checked for expiration dates. Each centrally stored prescription and PRN medication has been logged in the medications logged with proper documentation from the resident's doctor. First-aid has all proper items and were observed to be stored in entry area and an extra one in the locked cabinet. Laundry Area: the washer and dryer located in the staff room/office. LPA observed the staff room/office to be inaccessible to residents where the laundry detergents and some cleaning solutions are stored. Bedrooms: LPA observed five (5) bedrooms designated for residents' and staff use. Bedrooms #3 - #4 are for private use, bedrooms #1 - #2 are shared and a staff room. All the resident's bedrooms were properly furnished with appropriate dresser, bedding, and linens with sufficient lighting. Hallways are well lit. Linens are stored in hallway closet and observed to have ample supply of clean linen, comforters, and towels in facility. Bathrooms: LPA observed two (2) bathrooms to be clean, sanitary and with necessary supplies. The appropriate grab bars and mats in the shower. Hot water temperature measured at a range of 110.3°F to 113.2°F and within the required range. Resident's personal hygiene supplies are kept separate in plastic containers. Towels and washcloths are not shared. Common Areas: These included the dining area and living room for residents. The common areas were properly furnished and observed to be in good repair. Residents dining table fits six (6) residents. No obstructions and/or tripping hazards throughout the facility. There are no issues with Fire Clearance. Surrounding Grounds: Entry and exits were free of obstruction. The facility has appropriate outdoor furniture with a shaded covered area for residents and visitors. The outdoor area was enclosed, and no bodies of water were observed. Staff Files: they have criminal record clearances and are associated to facility. Staff have current first aid and training documentation showing training completed. Administrator's certificate was observed to be current. Resident Records: All six (6) resident records were reviewed. Residents' records are complete and current at this time. Residents were also interviewed.</p> <p>Facility is within CA code of Regulations Title 22 or Health and Safety Code. No deficiencies cited during today's visit. Exit interview conducted. Copy of this report was provided to the administrator.</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan NAME OF LICENSING PROGRAM ANALYST: Antonia Alvizar-Ettima LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 03/23/2026</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 03/23/2026</p>
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