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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610392
Report Date: 05/21/2026
Date Signed: 05/21/2026 11:32:52 AM

Document Has Been Signed on 05/21/2026 11:32 AM **- 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:	JUDD ASSISTED LIVING		FACILITY NUMBER:	197610392
ADMINISTRATOR/ DIRECTOR:	AVANESYAN, LIANA		FACILITY TYPE:	740
ADDRESS:	12615 JUDD ST		TELEPHONE:	(747) 240-9360
CITY:	PACOIMA	STATE: CA	ZIP CODE:	91331
CAPACITY: 6		CENSUS: 5	DATE:	05/21/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:00 AM
MET WITH:	Liana Avanesyan		TIME VISIT/ INSPECTION COMPLETED:	11:30 AM

NARRATIVE

Licensing Program Analyst (LPA) Abeye Duguma met with Liana Avanesyan for a Required One (01) Year visit. LPA explained the reason for the visit. A tour of the physical plant was conducted at around 09:30 AM and the following was noted:

The facility is fire cleared for six (6) non-ambulatory of which one may be bedridden in bedroom #2 and a hospice waiver for six (6). The facility is currently occupying five (5) residents.

There is outdoor furniture with a covered shaded area for residents and visitors. LPA did not observe a swimming pool/body of water.

The living and dining room are neat and clean. Hallways are well lit. The residents' rooms are adequately furnished with appropriate lighting system. The facility has a total of three (3) bedrooms and two (2) bathrooms. The bathroom was checked for cleanliness and proper operations. Residents have enough personal hygiene product provided by the licensee. Towels and washcloths are not shared. There was enough clean linen available in the cabinets.

Kitchen is sufficiently stocked with at least two (2) days perishable and seven (7) days non-perishable food. Frozen foods are wrapped and stored appropriately. Food storage and preparation areas are clean and inaccessible to pests.
(continued on LIC 809-C)

NAME OF LICENSING PROGRAM MANAGER: Troy Agard

NAME OF LICENSING PROGRAM ANALYST: Abeye Duguma
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/21/2026

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: JUDD ASSISTED LIVING **FACILITY NUMBER:** 197610392

VISIT DATE: 05/21/2026

NARRATIVE

Knives and sharps are observed to be locked and inaccessible to residents. Laundry detergents, cleaning agents and other toxins are locked away. The facility maintains a comfortable temperature at 74°F. The smoke and carbon monoxide detectors are hardwired, interconnected and observed to be operational. Fire extinguisher is located between living room and kitchen area, observed to be fully charged and last purchased August 4, 2025. The hot water temperature was measured at 108.4°F. LPA observed medication to be locked and inaccessible to residents. Facility maintains a complete first aid kit.

No health and safety hazards noted during the visit.

Exit interview conducted. Copy of this report issued.

NAME OF LICENSING PROGRAM MANAGER: Troy Agard
NAME OF LICENSING PROGRAM ANALYST: Abeye Duguma
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 05/21/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/21/2026