

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610393
Report Date: 03/09/2026
Date Signed: 03/09/2026 02:35:13 PM

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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: NEASIS		FACILITY NUMBER:	197610393
ADMINISTRATOR/GEVORG KHALULYAN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(747) 250-9701
ADDRESS: 8523 TERHUNE AVE		ZIP CODE:	91352
CITY: SUN VALLEY	STATE: CA	DATE:	03/09/2026
CAPACITY: 6	CENSUS: 5	TIME VISIT/INSPECTION	09:30 AM
TYPE OF VISIT: Case Management - Deficiencies	UNANNOUNCED	BEGAN:	
MET WITH: Gevorg Khalulyan, Administrator		TIME VISIT/INSPECTION	03:00 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Huma Rahimi conducted unannounced visit to this facility in		
2	conjunction with a complaint control # 31-AS-20260304131625. LPA met with Staff #2 (S2) who granted		
3	access to facility. The Administrator was contacted LPA explained the reason for the visit. The		
4	Administrator at around 10:00 AM.		
5			
6	During the visit, the LPA was informed that Resident #1 (R1) experienced a panic attack on 02/26/2026,		
7	and 9-1-1 was called. R1 was transported to the hospital for further evaluation. Additionally, on		
8	02/12/2026, Resident #3 (R3) experienced confusion, and 9-1-1 was called. R3 was also transported to		
9	the hospital. However, the facility failed to submit Unusual Incident/Injury Reports to the Community		
10	Care Licensing Department (CCLD) within the required time frame. The LPA reviewed the incident		
11	reporting system and did not observe any incident reports submitted for the above events involving R1		
12	and R3. The Administrator acknowledged that incident reports were not submitted to the Regional Office		
13	(RO) for these occurrences. According to Title 22 Regulations, a written Unusual Incident/Injury Report		
14	must be submitted to CCLD within seven (7) days of the occurrence. The LPA informed the		
15	Administrator that all staff members are mandated reporters and are responsible for ensuring reportable		
16	incidents are submitted to the Department in a timely manner.		
17			
18	The LPA instructed the Administrator to submit incident reports to the Regional Office for the following		
19	incidents:		
20			
21	• 02/12/2026 – Resident #3 (R3) transported to the hospital after experiencing confusion		
22	• 02/26/2026 – Resident #1 (R1) transported to the hospital after experiencing a panic attack		
23			
24	Appeal rights explained and exit interview conducted. Copy of this report signed and delivered.		
25			

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST: Huma Rahimi

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/09/2026

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.

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Created By: Huma Rahimi On 03/09/2026 at 12:54 PM
Link to Parent Document Below:

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

FACILITY NAME: NEASIS

FACILITY NUMBER: 197610393

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/09/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 03/16/2026 Section Cited CCR 87211(a)(1)A,B&D	1	Requirements	1	Licensee shall ensure a written report is submitted to the licensing agency and to the person responsible for the resident within seven (7) days of the occurrence of any of the events. R1's & R3's incident reports shall be submitted to LPA by POC date.
	2	(a) Each licensee shall furnish to the licensing agency such reports... (1) A	2	
	3	written report shall be submitted to the licensing agency and to the person... ..	3	
	4	any of the events specified in (A), (B) & (D)...	4	
	5	This requirement is not met as evidenced by:	5	
	6		6	
	7		7	
	8	Based on interviews and record reviews, conducted by LPA, the licensee did not comply with the section cited above by failing to notify CCLD regarding R1's hospitalization on 02/26/26 and R3's on 02/12/26, which poses a potential health and safety risk to persons in care.	8	
	9		9	
	10		10	
	11		11	
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	13		13	
	14		14	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST:	Huma Rahimi

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/09/2026