

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610442

Report Date: 11/30/2023

Date Signed: 11/30/2023 11:05:58 AM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	LEISURE GROVE, LLC	FACILITY NUMBER:	197610442
ADMINISTRATOR:	KHODORKOVSKY, AARON	FACILITY TYPE:	740
ADDRESS:	413 E. CYPRESS STREET	TELEPHONE:	(818) 244-2323
CITY:	GLENDALE	STATE: CA	ZIP CODE: 91205
CAPACITY:	199	CENSUS: 126	DATE: 11/30/2023
TYPE OF VISIT:	Office	ANNOUNCED	TIME BEGAN: 10:00 AM
MET WITH:	Aaron Khodorkovsky, Administrator Steven Atlas, Applicant	TIME COMPLETED:	10:50 AM

NARRATIVE	
1	Component II completion: Successful
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3	
4	Facility Type: Residential Care Facility for Elderly (RCFE)
5	Application Type: Change in Ownership (CHOW)
6	Capacity: 199
7	Census (if any clients in care): 126
8	COMP II Participants: Aaron Khodorkovsky, Administrator
9	Steven Atlas, Applicant
10	Interview Method: Virtual interview (Microsoft Teams)
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14	On November 30, 2023, Applicant and Administrator participated in COMP II.
15	Identification of the Applicant and Administrator was verified through interview
16	questions based on photo ID and other identifying personal information. During
17	COMP II, Applicant and Administrator confirmed that they have read and understand
18	community care facility licensing laws included in the Health and Safety Codes and
19	the California Code of Regulations Title 22.
20	
21	
22	During COMP II, CAB analyst confirmed Applicant and Administrator's
23	understanding of following areas:
24	1. Facility Operation: License type, client/resident populations, and program
25	2. Admission Policies
	3. Staffing Requirements & Training
	4. Restrictive/Prohibited Health Conditions
	5. General Provisions
	6. Emergency Preparedness

7. Complaints & Reporting
8. Pre-licensing Readiness

Exit interview conducted with Applicant and Administrator. Copy of report sent via email and informed to return sign copy to CAB by end of business day today.

NAME OF LICENSING PROGRAM MANAGER: Darla Neeley

NAME OF LICENSING PROGRAM ANALYST: Celia Phomphachanh

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/30/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/30/2023

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