<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610478
Report Date: 03/14/2026
Date Signed: 03/14/2026 12:43:37 PM

Document Has Been Signed on 03/14/2026 12:43 PM **- 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:	RINALDI CARE HOME		FACILITY NUMBER:	197610478
ADMINISTRATOR/ DIRECTOR:	HARUTYUNYAN, VAHAGN		FACILITY TYPE:	740
ADDRESS:	16750 RINALDI ST		TELEPHONE:	(818) 322-8838
CITY:	GRANADA HILLS	STATE: CA	ZIP CODE:	91344
CAPACITY: 6		CENSUS: 6	DATE:	03/14/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:13 AM
MET WITH:	Vahagn Harutyyunyan		TIME VISIT/ INSPECTION COMPLETED:	12:45 PM

NARRATIVE

Licensing Program Analyst (LPA) Michael Cava conducted an Annual Required visit and inspection of the facility. LPA met with the administrator, Vahagn Harutyyunyan, and explained the reason for the visit.

At approximately 9:20am, with the assistance of the administrator, LPA took a tour of the physical plant. The facility is a one story building. The fire clearance is for three (3) non ambulatory, two (2) ambulatory and one (1) bedridden. The smoke alarms and carbon monoxide are dual, hardwired and interconnected. There is one fire extinguishers located by the kitchen. It was purchased on 11/04/25.

Kitchen: The kitchen appliances and fixtures were functional. LPA found a sufficient amount of perishable and non-perishable food properly stored. Knives were stored inaccessible in a drawer. Cleaning supplies were stored and locked and inaccessible underneath the kitchen sink.

Bedrooms: There are four (4) bedrooms designated for residents' use. Bedroom #1 is for ambulatory clients only. Bedroom #2 has the fire clearance for bedridden. All bedrooms were observed to be properly furnished with appropriate beddings and linens with sufficient lighting and closet space.

Bathrooms: There are two (2) bathrooms designated for residents' use. Both bathrooms were properly supplied and had functional fixtures. Hot water temperature was measured at 111 degrees Fahrenheit. No cleaning supplies were observed in either bathrooms during the day of the inspection.

Common Areas: These included the living room and dining area. The living room was furnished with sufficient seating of couches, table and a television. The dining room table is large enough to seat up

NAME OF LICENSING PROGRAM MANAGER: Mary G Flores
NAME OF LICENSING PROGRAM ANALYST: Michael Cava

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/14/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/14/2026

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: RINALDI CARE HOME **FACILITY NUMBER:** 197610478

VISIT DATE: 03/14/2026

NARRATIVE

to six (6) clients. The fireplace is properly screened with a glass door and chained screen. No tools were present. Living room and dining room furniture where in good repair. Floors were mopped and clean. Exits and passageways were clear.

Surrounding Grounds: Entry/exits to the front and back yards were free of obstruction. The outdoor area was free of hazards. Gates at both sides of the home presents no exterior lock and is clear to exit/evacuate in case of an emergency. There is no swimming pool or any other bodies of water.

Laundry area: The laundry area is located at the side of the home. It was locked during the day of the visit.

Staff Workstation/Office: Staff workstation located at the corner opposite the dining room. Medications, staff and resident files stored here.

Resident Files: Resident files are kept locked in a cabinet at the staff workstation. LPA conducted a file review of resident records to insure compliance of licensing forms.

Staff Files: Staff files are also kept locked in a cabinet at the staff work station. LPA conducted a file review of staff records to insure compliance with licensing forms.

Medications: Medications are stored in a locked in a cabinet at staff workstation. Medication and Medication Records were reviewed for proper storage and documentation.

Garage: The garage is not attached to the building. It is located at the back of the home. There is a gate and separate entrance to the garage. Currently the garage is used as storage. It was locked during the day of the visit.

Pursuant to Title 22 Division 6 of the CA Code of Regulations, there were no deficiencies observed during the visit. Exit Interview Conducted and A Copy of the Report Issued.

NAME OF LICENSING PROGRAM MANAGER: Mary G Flores
NAME OF LICENSING PROGRAM ANALYST: Michael Cava
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 03/14/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 03/14/2026