

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610563
Report Date: 04/15/2026
Date Signed: 04/15/2026 06:54:20 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT			
FACILITY NAME: A-1 ASCENDED SENIOR CARE 3		FACILITY NUMBER:	197610563
ADMINISTRATOR/AIDA MANUKYAN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	20022 VINTAGE STREET	TELEPHONE:	(818) 268-6707
CITY:	CHATSWORTH	STATE: CA	ZIP CODE: 91311
CAPACITY: 6	CENSUS: 3	DATE:	04/15/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	11:45 AM
MET WITH: Aida Manukyan, Administrator		BEGAN: TIME VISIT/INSPECTION	01:30 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Angela Panushkina conducted an unannounced annual inspection and		
2	met with the Administrator and explained the reason for the visit.		
3			
4	A tour of the physical plant was initiated at 11:50am and the following were observed:		
5			
6	Facility is approved for six (6) Non-ambulatory, of which six (6) may be Bedridden. Facility also has a		
7	hospice waiver granted for six (6) residents. The facility maintains a comfortable temperature at 73°F.		
8			
9	KITCHEN: The facility has a kitchen area that is equipped with a refrigerator, microwave oven and sink.		
10	LPA observed there to be sufficient stock of one-week perishable foods and two-day non-perishable		
11	foods. Frozen foods are properly wrapped and stored appropriately. Food storage and preparation areas		
12	are clean and inaccessible to pests. All knives and sharps are observed to be locked in a kitchen drawer		
13	and inaccessible to residents. The fire extinguisher is located by the kitchen and was last serviced on		
14	02/19/2026.		
15			
16	BEDROOMS: There are six (6) bedrooms designated for resident's' use. Bedrooms are appropriately		
17	furnished and have appropriate lighting. Facility has awake staff at night.		
18			
19	BATHROOMS: The facility has two (2) bathrooms. LPA observed all bathrooms have non-skid mat,		
20	soap, paper towels and hand washing signs. Extra towels and linens were readily available. The hot		
21	water temperature measured at 120°F.		
22			
23	Continue on LIC809-C		
24			
25			

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST: Angela Panushkina

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/15/2026

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: A-1 ASCENDED SENIOR CARE 3	FACILITY NUMBER: 197610563
	VISIT DATE: 04/15/2026

NARRATIVE	
1	MEDICATION ROOM: At approximately 12:00pm, LPA observed medications are centrally stored and
2	locked, in the metal cabinet, located in the dining area, and inaccessible to residents in care. The first-
3	aid kit has been inspected which has at least the following: tweezers, scissors, antiseptic, bandages,
4	gauze, thermometer; including a current First Aid manual.
5	
6	LAUNDRY ROOM: The laundry room is located by the garage. The washer/dryer appears to be in good
7	condition. Laundry supplies are kept inaccessible when not in use with supervision.
8	
9	COMMON AREAS: These include a dining area and a living room. The common areas are furnished
10	with adequate furniture to accommodate a maximum capacity of six (6) residents. At 12:15pm, smoke
11	and carbon monoxide detectors were tested and observed to be operable. There were no visible
12	immediate hazards.
13	
14	SURROUNDING GROUNDS: At approximately 12:20pm LPA toured the outside area of the facility. LPA
15	observed appropriate outdoor furniture, with a covered shaded area for residents. LPA discussed the
16	importance of maintaining care and supervision to meet the needs of residents. There are no bodies of
17	water.
18	
19	Between 12:30pm to 1:00pm, LPA reviewed records of three (3) residents and two (2) staff. Resident
20	and staff records appeared to be complete and updated.
21	
22	LPA collected Certificate of Liability Insurance and LIC500.
23	
24	No citations were issued during this visit.
25	
26	Exit interview conducted and copy of this report signed and delivered.
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard	
NAME OF LICENSING PROGRAM ANALYST: Angela Panushkina	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/15/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/15/2026