

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610585
Report Date: 09/18/2025
Date Signed: 09/18/2025 12:16:02 PM

Document Has Been Signed on 09/18/2025 12:16 PM - It Cannot Be Edited

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:	CHATSWORTH ASSISTED LIVING	FACILITY NUMBER:	197610585
ADMINISTRATOR/DANIELYAN, GEORGIY		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	20210 TUBA STREET	TELEPHONE:	(818) 421-5272
CITY:	CHATSWORTH	STATE: CA	ZIP CODE: 91311
CAPACITY: 6		CENSUS: 3	DATE: 09/18/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	09:15 AM
		BEGAN:	
MET WITH:	Georgiy Danielyan, Administrator	TIME VISIT/	
		INSPECTION	12:45 PM
		COMPLETED:	

NARRATIVE	
1	At 09:15am Licensing Program Analyst (LPA), Angela Panushkina conducted an announced annual visit to the above facility. LPA met with the Designee, Rena Danielyan, and explained the reason for the visit.
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4	A tour of the physical plant was initiated at 09:30am and the following was observed: The facility is cleared for a maximum capacity of six (6) residents, of which five (5) can be Non-ambulatory and one (1) Bedridden resident. Bedridden is cleared for bedrooms #1, #2 and #3. Facility has Dementia Care Program. Hospice waiver for six (6) residents is also approved.
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7	Kitchen: The kitchen area is equipped with a refrigerator, microwave oven and sink. LPA observed there to be sufficient stock of one-week perishable foods and two-day non-perishable foods. Frozen foods are properly wrapped and stored appropriately. Food storage and preparation areas are clean and inaccessible to pests. All knives were observed to be locked in the kitchen drawer. The fire extinguisher was purchased on 01/10/2025 and located by the dining area.
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10	Bedrooms: The facility has a total of five (5) bedrooms, designated for residents' use. The bedrooms are appropriately furnished with sufficient closet space and have sufficient lighting. Facility has awake staff at night. Emergency call buttons are available and provided to residents. All exit doors have an auditory alarm. LPA tested and observed all call buttons and auditory alarms are in good repair and operational.
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13	Bathrooms: Three (3) out of four (4) bathrooms are designated for residents' use. Bathrooms have soap, paper towels and all trash cans have a lid. Extra towels and linens were readily available. LPA observed appropriate grab bars and non-skid mats in all bathrooms. The hot water temperature measured at 110.0°F. The facility has one (1) more bathroom (for staff use only), located by the garage.
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16	Continue on LIC809-C
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NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST: Angela Panushkina

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/18/2025

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: CHATSWORTH ASSISTED LIVING	FACILITY NUMBER: 197610585
	VISIT DATE: 09/18/2025

NARRATIVE		
1	Medications: The medication are centrally stored in the hallway cabinet, by room #3 and kept locked and inaccessible to residents in care. LPA also observed a small, locked refrigerator, under the medication cabinet, that will be used to store medications only (if needed). There is a complete first-aid kit in the cabinet with all required supplies and with the first aid manual.	
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6		Common Areas: The facility maintains a comfortable temperature at 78°F. LPA observed all common areas are furnished with adequate furniture to accommodate a maximum capacity of six (6) residents. There is a functioning telephone on the premises. Smoke detectors carbon monoxide is located throughout the facility and at 1:00pm they were tested and observed to be operational.
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11		Laundry: The laundry is located in the garage. The washer/dryer appears to be in good condition. Laundry supplies are kept inaccessible when not in use with supervision.
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14		Outside Area: The back of the facility has sufficient yard space. LPA observed appropriate outdoor furniture, with a shaded area covered for the residents. The outdoor area is free of visible immediate hazards. LPA discussed the importance of maintaining care and supervision to meet the needs of residents. There are no bodies of water.
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19		Between 10:30am to 11:30am, LPA reviewed records of three (3) residents and three (3) staff. Resident and staff records appeared to be complete and updated. Resident's files contain signed admission agreements and a medical assessment, and all other required documentation.
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23		Annual fee is paid in full. LPA observed Administrator certificated renewed on 11/17/2024 with an expiration date of 11/26/2026. LPA collected Certificate of Liability Insurance and LIC500.
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26		No citations were issued during this visit.
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28		Exit interview conducted and copy of this report signed and delivered.
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NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard	
NAME OF LICENSING PROGRAM ANALYST: Angela Panushkina	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/18/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/18/2025