

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610660
Report Date: 02/21/2026
Date Signed: 02/21/2026 01:41:12 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:	NORTH HILLS CARE	FACILITY NUMBER:	197610660
ADMINISTRATOR/HARUTYUNYAN, LILIT DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	9332 ODESSA AVENUE	TELEPHONE:	(818) 653-9371
CITY:	NORTH HILLS	STATE: CA	ZIP CODE: 91343
CAPACITY: 6		CENSUS: 2	DATE: 02/21/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	09:55 AM
MET WITH:	Artur Avagyan, House Manager	BEGAN: TIME VISIT/ INSPECTION	01:52 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA), Tihesha Smith conducted an unannounced Required 1-year inspection at this facility. LPA was greeted by staff and disclosed the purpose of the visit. The administrator not present and house manager was contacted and arrived later.
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5	LPA conducted a tour of the physical plant at approximately 10:10 am to ensure there are no health and safety hazards, and facility is in compliance with Title 22 Regulations.
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9	Common areas were observed for the ability to safely serve the needs of the residents. These included the kitchen and dining/living room combination. The common areas were checked for cleanliness and furniture was checked for functionality. Common areas observed to be furnished appropriately with adequate seating for residents.
10	
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12	
13	LPA reviewed the food service areas, food storage and supply (perishable and nonperishable foods). The kitchen food supply was observed and sufficient for the two (2) residents currently residing there. Two (2) days of perishable food observed. The freezer is stocked with meats and frozen vegetables. Sharps are stored in locked kitchen drawer. The residents' medications and first aid kit were stored in locked hall closet next to main bathroom and were observed to be locked and inaccessible to residents. There is one (1) fire extinguisher attached to the dining room wall and observed to be charged.
14	
15	
16	
17	Laundry room is located in garage which is locked and inaccessible to residents. The appliances observed to be functional. Toxins stored in garage and in hall closet next to staff office and were observed to be locked
18	
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25	

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Tihesha Smith

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/21/2026

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: NORTH HILLS CARE

FACILITY NUMBER: 197610660
VISIT DATE: 02/21/2026

NARRATIVE	
1	(cont. from 9099)
2	
3	and inaccessible to residents. The facility has a total of four (4) bedrooms and two (3) bathrooms, no
4	room is designated for staff. The residents' bedrooms were properly furnished with at least one chair,
5	nightstand, and sufficient lighting for each resident. The bedrooms had appropriate and adequate
6	bedding and linens such as sheets, pillowcases, mattress pads, and blankets. LPA observed a supply of
7	linens in hall closet.
8	
9	Each bathroom had the following items available: hand soap, paper towels, and trash cans. The hot
10	water temperature was measured in bathrooms to ensure it was within the required range for residents'
11	comfort and safety. The water temperature range was measured at 119.5 and 120.0-degrees Fahrenheit
12	for the bathrooms.
13	
14	The backyard of the facility has a patio and sufficient furniture to accommodate residents.
15	Attached Garage: has laundry appliances and used for storage of equipment and furniture, however
16	garage is heated and has wood flooring and traces of insulation on main large door. There is no body of
17	water in the facility.
18	
19	Storage shed used for storage in backyard observed to be locked and inaccessible to residents.
20	
21	Smoke detectors/carbon monoxide detector were tested and operable at time of visit.
22	
23	Facility grounds were free of hazards
24	
25	
26	At approximately 11:20 am, LPA Smith reviewed files for the two (2) residents and four (4) staff.
27	Resident and staff files contained appropriate documentation. Uncleared adult at facility during licensing
28	visit and trash cans with lids to replace other trash can in bathroom.
29	
30	Deficiencies cited on 809D
31	
32	Exit Interview Conducted / A Copy of the Report Issued

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan	
NAME OF LICENSING PROGRAM ANALYST: Tihesha Smith	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/21/2026

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Created By: Tihesha Smith On 02/21/2026 at 01:09 PM

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FACILITY NAME: NORTH HILLS CARE **FACILITY NUMBER:** 197610660
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 02/21/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87355(e)	
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Criminal Record Clearance

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility:
 This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on [(observation) (interview) the licensee did not comply with the section cited above which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 02/22/2026
	Plan of Correction
1 2 3 4	Licensee/Administrator will ensure individuals working in facility have criminal clearance on file.

	Type A	Section Cited	CCR	87355(k)	
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Criminal Record Clearance

(k) The licensee shall maintain documentation of criminal record clearances or criminal record exemptions of volunteers that require fingerprinting and non-client adults residing in the facility.
 This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on (interview) (record review) the licensee did not comply with the section cited above which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 02/22/2026
	Plan of Correction
1 2 3 4	Licensee/Administer will ensure all staff/volunteers has appropriate documentation on file.

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:	Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST:	Tihesha Smith
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/21/2026

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

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