

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610685
Report Date: 04/01/2026
Date Signed: 04/01/2026 01:06:47 PM

Document Has Been Signed on 04/01/2026 01:06 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	ELDER JOY OASIS BOARDING CARE	FACILITY NUMBER:	197610685
ADMINISTRATOR/KHACHOYAN, NARINE		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	7126 LURLINE AVE	TELEPHONE:	(818) 469-4447
CITY:	WINNETKA	STATE: CA	ZIP CODE: 91306
CAPACITY: 6		CENSUS: 3	DATE: 04/01/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	INSPECTION 09:30 AM
		BEGAN:	
MET WITH:	Narine Khachoyan - Administrator	TIME VISIT/	
		INSPECTION	01:15 PM
		COMPLETED:	

NARRATIVE	
1	On 4/1/2026 Licensing Program Analyst (LPA) Perchui Milena Khurshudyan arrived at this facility to
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7	The inspection tool was used to complete the visit.
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10	At 10:20am LPA, with the help of the Caregiver and Administrator, began a physical plant tour of the facility and the following was observed: This is a single-story building with four (4) bedrooms, and all rooms are designated for residents' use only. There are two (2) bathrooms, a kitchen, common areas: living and dining rooms, and an outdoor area. Facility has an approved fire clearance for six (6) Non-ambulatory residents, all of which one (1) may be bedridden for bedroom #4, and a Hospice waiver for five (5) residents.
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NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST: Perchui Khurshudyan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/01/2026

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: ELDER JOY OASIS BOARDING CARE **FACILITY NUMBER:** 197610685
VISIT DATE: 04/01/2026

NARRATIVE	
1	Bedrooms: LPA observed bedrooms to be properly furnished with beds, linens, night stands, chairs, drawers, closets, and adequate lighting. All bedrooms appeared organized and clean. Residents have enough personal hygiene products. Common Areas: These include a den, living and dining areas. LPA observed dining, living areas clean and clear of clutter. Furniture is generally new and in a good repair. Dining and living room furniture sits at the capacity of the facility. Walls, floors, windows, screens, and blinds were clean and in good repair. At 10:40am, LPA measured the room temperature to be 70 degrees Fahrenheit. There is a linen closet with an adequate supply of fresh linens ready to use. No obstructions and or tripping hazards found inside the facility. Facility has landline, LPA checked it was operational. Bathroom: The bathrooms contained hand soap, paper towels, toilet paper and trash bins with lids. The hot water temperature was measured at approximately 11:15am to be 116.1 degrees Fahrenheit. The bathrooms were checked for cleanliness and proper operations. Towels and washcloths are not shared. LPA observed non-skid mats and grab bars inside the bathrooms. Smoke and Carbon Monoxide Detectors: The smoke and carbon monoxide detectors were tested by staff at approximately 11:35am and were observed to be operational. Garage: There is no garage in the property. Laundry Room: Functioning washer and dryer is located in the separate locked room adjacent to the small living room. Laundry detergents and other chemical supplies observed locked inside the laundry room. Backyard/Front yard: LPA observed sufficient yard space and fenced backyard with appropriately covered shaded area available for residents to rest. There is outdoor furniture under the shaded area. LPA discussed the importance of maintaining care and supervision to meet the needs of clients. During the physical walk through LPA observed all exit areas to be free of clutter and obstruction. There is no body of water. Staff/Client File review: Facility records are kept inside the locked commercial cabinet located in the office area. Between 11:50am -1:00pm LPA conducted records review of two (2) staff files and three (3) residents' records. Files were complete and updated.
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NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard NAME OF LICENSING PROGRAM ANALYST: Perchui Khurshudyan LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 04/01/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 04/01/2026

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** ELDER JOY OASIS BOARDING CARE**FACILITY NUMBER:** 197610685**VISIT DATE:** 04/01/2026**NARRATIVE**

1 **Medications:** At approximately 1:05pm, LPA reviewed Centrally Stored Medication Destruction Records
2 for proper documentation. The facility also maintains Medical Administration Records (MAR). LPA
3 observed centrally stored medications locked inside the kitchen cabinet and inaccessible to residents in
4 care. Complete First-aid kit is also available and placed in the common area. No potentially dangerous
5 items were found in the facility. The facility operates with two (2) shifts and has one to two (1-2) staff
6 members for each shift.
7
8 LPA conducted interviews with the Administrator, one caregivers and two (2) residents who were able to
9 communicate and answer questions.
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11 Facility plan/sketch is posted on the wall along with other posting requirements.
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13 LPA collected LIC500, LIC9020, and copy of Liability Insurance (ex 6/14/26), and copy of Administrator
14 certificate at the time of the visit.
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16 The Administrator certificate will be expiring on 1/23/2027.
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18 The facility has no outstanding balance of licensing fees.
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20 No Deficiency issued during today's visit.
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22 Exit interview conducted, a copy of this report signed and delivered.
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