

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603127
Report Date: 04/14/2026
Date Signed: 04/14/2026 01:16:04 PM

Document Has Been Signed on 04/14/2026 01:16 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:	ALAMEDA BOARD & CARE	FACILITY NUMBER:	198603127
ADMINISTRATOR/AVETISYAN, ARMENUHI		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1129 ALAMEDA AVE	TELEPHONE:	(213) 595-2777
CITY:	GLENDALE	STATE:	CA
CAPACITY:	6	ZIP CODE:	91201
TYPE OF VISIT:	Required - 1 Year	CENSUS:	2
		DATE:	04/14/2026
		UNANNOUNCED TIME VISIT/	
		INSPECTION	10:05 AM
		BEGAN:	
MET WITH:	Yelena Amirjanyan, Administrator	TIME VISIT/	
		INSPECTION	01:15 PM
		COMPLETED:	

NARRATIVE	
1	On 04/14/26, at 10:05AM, Licensing Program Analyst (LPA) Gina Saucedo arrived at the facility to
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5	There is one entrance being utilized at the facility. The facility has four (04) bedrooms and three (03)
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9	bathrooms. Three (3) rooms are for resident use and one (1) room is for staff use that can be an office
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13	or room. The facility is fire cleared for six (06) non-ambulatory of which one (1) can be bedridden. The
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17	facility is currently occupying two (02) residents. There is a hospice waiver for two (2) residents.
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21	Outside/Backyard: The facility has outdoor furniture with a covered shaded area for residents and
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25	visitors. The facility does not have a swimming pool/body of water. There is a garage. Laundry
	detergents, cleaning agents and other toxins are locked away. There is one (1) washer and dryer.
	Kitchen is sufficiently stocked with at least seven (07) days perishable and seven (07) days non-
	perishable food. Frozen foods are wrapped and stored appropriately. Food storage and preparation
	areas are clean and inaccessible to pests. Knives and sharps are observed to be locked and
	inaccessible to residents on your left hand side of the kitchen. Next to the kitchen there is a recreation
	room leading to the backyard with sofa chairs for residents and a television.
	LIC 809C-continued

NAME OF LICENSING PROGRAM MANAGER:	Troy Agard
NAME OF LICENSING PROGRAM ANALYST:	Gina Saucedo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/14/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/14/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ALAMEDA BOARD & CARE	FACILITY NUMBER: 198603127
	VISIT DATE: 04/14/2026

NARRATIVE		
1	Living Room and Dining Room: The living and dining room are neat and clean. The facility maintains a comfortable temperature at 72°F. The smoke and carbon monoxide detectors are hardwired, interconnected and observed to be operational. Fire extinguisher is located near the kitchen, observed to be full and last inspected on 02/23/2026.	
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6		Bedrooms: Facility has four (4) rooms. Three (3) bedrooms are shared but used a single right now since there is only two (2) residents and the other room is being used for staff.
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9		Bathrooms: There are three (3) bathrooms that have proper grab bars, non-skid mats. The bathrooms contained a trash can with tight-fitting lid. The bathrooms are in the hallway. Hot water was tested and measured between 116.4 and 117.1 F within regulations.
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13		Administrative: The administrative Certification is current and expires 04/22/2027. There is a yes sign, Ombudsman, Facility Sketch and Administrative Certificate against the wall. There is proof of liability insurance that expires 02/13/2027. The last Fire drill and Emergency drill was conducted in January of 2026. The facility has cameras in common areas and there is a signal system.
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18		Staff/Resident Files: LPA reviewed two (2) resident files. LPA reviewed three (3) staff files.
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20		An exit interview was conducted, no citation(s) were issued and a copy of this report was given to the administrator.
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NAME OF LICENSING PROGRAM MANAGER: Troy Agard	
NAME OF LICENSING PROGRAM ANALYST: Gina Saucedo	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/14/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/14/2026