

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 198603270

Report Date: 02/07/2022

Date Signed: 02/07/2022 04:20:35 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, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: GRANT SERENITY HOMES OF PASADENA, INC.		FACILITY NUMBER:	198603270
ADMINISTRATOR: GEVORKIAN, NVARD		FACILITY TYPE:	740
ADDRESS: 1745 WAGNER STREET		TELEPHONE:	(818) 425-6797
CITY: PASADENA	STATE: CA	ZIP CODE:	91106
CAPACITY: 6	CENSUS: 6	DATE:	02/07/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	12:46 PM
MET WITH: Lida Gasparyan - Caregiver		TIME	04:00 PM
	Nvard Gevorkian - Administrator	COMPLETED:	
<b>NARRATIVE</b>			
1	Licensing Program Analyst(s) Mary Flores conducted an unannounced annual visit at the facility with		
2	focus on the infection control domain, medication and food review. LPA Flores met with Lida Gasparyan		
3	caregiver and explained the reason for the visit. Administrator Nvard Gevorkian arrived 20 minutes later.		
4			
5	The facility is licensed to served 6 non-ambulatory residents age range 60 and over, of which 1 may be		
6	bedridden and hospice waiver for 2. The facility has 6 bedrooms, 1 bathroom, a dining room, a living		
7	room, a detached garage, a detached laundry room, a back patio and a front yard. Facility has interlace		
8	smoke/carbon monoxide detectors that were tested during the visit and in working condition.		
9			
10	LPA Flores conducted the tour with Lida Gasparyan caregiver at 12:45pm and observed the following:		
11	Kitchen area: has sufficient food supplies for at least 2 days of perishables and 7 days of non-		
12	perishables. Sharps were observed locked in a drawer to the left of kitchen's sink and chemical		
13	solutions were locked under kitchen's sink. Dining and living room have sufficient lighting and sitting		
14	area, Medication cabinet was observed under lock in the dining room. All bedrooms have all required		
15	furniture, lighting, and bedding. Bathroom #1 was observed with grab bars, shower mat, and water		
16	temperature was tested at 111.7 degrees F., which is within the required 105-120 degrees F. Fire		
17	extinguisher was observed outside the kitchen and read full. LPA observed emergency food supplies		
18	and PPE supplies in the garage. LPA reviewed medication for resident #1(R1) and #2(R2) and reviewed		
19	files for R1, R2, and staff #1(S1) and #2(S2). LPA observed administrator certificate for Nvard Gevorkian		
20	#6050643740 expiration date: 12/23/22.		
21	Facility is following COVID 19 recommendations regarding screening visitors, staff, and residents. Signs		
22	are posted throughout the facility, and hand-washing sign was observed in bathroom, sufficient hand		
23	soap, hand sanitizer, and paper towels were observed. Staff have not been fit test for N95 administrator		
24	will schedule fit testing a technical assistance has been noted.		
25	No deficiencies were given during this visit. Exit interview was conducted with Nvard Gevorkian		
	administrator a copy of this report was email for signature due to LPA unable to access computer at the		
	time of the visit.		
Stefanie Coronel			
Mary G Flores			



**DATE:** 02/07/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/07/2022

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**