

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
FACILITY EVALUATION REPORT	
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
Nvard Gevorkian - Administrator	COMPLETED: 04:00 PM
NARRATIVE	
1	Licensing Program Analyst(s) Mary Flores conducted an unannounced annual visit at the facility with focus on the infection control domain, medication and food review. LPA Flores met with Lida Gasparyan caregiver and explained the reason for the visit. Administrator Nvard Gevorkian arrived 20 minutes later.
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5	The facility is licensed to served 6 non-ambulatory residents age range 60 and over, of which 1 may be bedridden and hospice waiver for 2. The facility has 6 bedrooms, 1 bathroom, a dining room, a living room, a detached garage, a detached laundry room, a back patio and a front yard. Facility has interlace smoke/carbon monoxide detectors that were tested during the visit and in working condition.
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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-perishables. Sharps were observed locked in a drawer to the left of kitchen's sink and chemical
12	solutions were locked under kitchen's sink. Dining and living room have sufficient lighting and sitting
13	area, Medication cabinet was observed under lock in the dining room. All bedrooms have all required
14	furniture, lighting, and bedding. Bathroom #1 was observed with grab bars, shower mat, and water
15	temperature was tested at 111.7 degrees F., which is within the required 105-120 degrees F. Fire
16	extinguisher was observed outside the kitchen and read full. LPA observed emergency food supplies
17	and PPE supplies in the garage. LPA reviewed medication for resident #1(R1) and #2(R2) and reviewed
18	files for R1, R2, and staff #1(S1) and #2(S2). LPA observed administrator certificate for Nvard Gevorkian
19	#6050643740 expiration date: 12/23/22.
20	
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.