

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603605
Report Date: 11/07/2022
Date Signed: 11/07/2022 12:36:12 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, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: ARARAT GARDENS	FACILITY NUMBER: 198603605
ADMINISTRATOR: KESHISHYAN, VARSENİK	FACILITY TYPE: 740
ADDRESS: 1230 EAST WINDSOR ROAD	TELEPHONE: (818) 244-7219
CITY: GLENDALE STATE: CA	ZIP CODE: 91205
CAPACITY: 175 CENSUS:	DATE: 11/07/2022
TYPE OF VISIT: Office ANNOUNCED	TIME BEGAN: 11:31 AM
MET WITH: Varsenik Keshishyan-Administrator; Derik Ghookasian-COO	TIME COMPLETED: 11:46 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 175
4	Census: 35
5	COMP II Participants: Varsenik Keshishyan, Administrator; Derik Ghookasian, COO
6	Interview Method: Telephone interview
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9	
10	On 11/7/22, applicant/administrator participated in COMP II. Identification of the
11	applicant and administrator was verified through interview questions based on photo ID
12	and other identifying personal information. During COMP II, applicant and
13	administrator confirmed the understanding of the California Code Title 22 Regulations.
14	Signed LIC 809 with copy of photo ID have been obtained.
15	
16	
17	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
18	following areas:
19	
20	1. Facility operation: License type, client/resident populations, and program
21	2. Admission Policies
22	3. Staffing requirements/CPMB associations & Training
23	4. Restrictive/Prohibited Health Conditions
24	5. General provisions
25	6. Emergency Preparedness
	7. Complaints & Reporting
	8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Mirella Quaranta

NAME OF LICENSING PROGRAM ANALYST: Anna Barrios

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/07/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/07/2022

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