

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 191221839
Report Date: 07/24/2026
Date Signed: 07/24/2026 04:05:39 PM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 11/18/2025 and conducted by Evaluator Antonia Alvizar-Ettima

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20251118083947
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FACILITY NAME:	BROADVIEW RESIDENTIAL CARE CENTER	FACILITY NUMBER:	191221839
ADMINISTRATOR:	BETSY K DAVIS	FACILITY TYPE:	740
ADDRESS:	535 WEST BROADWAY	TELEPHONE:	(818) 246-4951
CITY:	GLENDALE	ZIP CODE:	91204
CAPACITY:	180	DATE:	07/24/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	02:15 PM
	CENSUS: 69	TIME COMPLETED:	04:15 PM
MET WITH:	Administrator, Betsy Davis & Office Supervisor, Dennise Alonso		

ALLEGATION(S):

1	Staff are not allowing resident to return to the facility
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INVESTIGATION FINDINGS:

1	At 2: 15p.m., Licensing Program Analyst (LPA) Antonia Alvizar- Ettima conducted an unannounced subsequent visit to complete an investigation and deliver findings of the above noted allegations. LPA met with Staff #1 (S1) and explained the reason for the visit.
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5	During initial visit on 11/24/25 at about 10:05a.m. LPA requested and received copies of the facility's residents and staff rosters. At 10:30a.m. LPA and Office Supervisor conducted a physical plant inspection. Between 11:00a.m. - 1:00p.m. LPA conducted interviews with Licensee, eight (8) out of seventy-six (76) residents, staff #1-#2 (S1-S2) and asked questions relevant to the investigation. At the time of the investigation, resident#1(R1) was out of the facility. LPA request copies of resident #1 (R1) Identification information, Admission Agreement, Physician Report, Needs & Services Plan, Appraisal, Unusual Incident Reports, and other pertinent documents.
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13	Cont. on LIC 9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Antonia Alvizar-Ettima	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/24/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 31-AS-20251118083947

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: BROADVIEW RESIDENTIAL CARE CENTER	FACILITY NUMBER: 191221839
VISIT DATE: 07/24/2026	

NARRATIVE	
1	Cont. from LIC 9099
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3	On 07/18/26 LPA- Alvizar-Ettima reviewed Resident #1 (R1's) records that Administrator provided.
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6	During this visit at approximately 3:30p.m., LPA Alvizar- Ettima and Staff #1 conducted a physical plan
7	tour and did not observe any immediate health and safety issues. Facility staff indicated that Resident
8	#1 (R1) has not returned to the facility.
9	
10	Staff are not allowing resident to return to the facility
11	
12	It was alleged that R1 was not permitted to return to the facility following hospitalization. During the
13	investigation, the Administrator denied the allegation and stated the facility had not refused to accept R1
14	back. The Administrator explained that R1 was hospitalized due to medical concerns and was
15	subsequently admitted to a Skilled Nursing Facility (SNF) for a higher level of care. The Administrator
16	stated the facility has maintained communication regarding R1's status and indicated that R1's return to
17	the facility would depend on whether R1's care needs could be safely met and whether the resident
18	remained appropriate for RCFE placement.
19	
20	Staff interviews corroborate with the Administrator's statement and indicate they were not aware of the
21	facility refusing to readmit R1. Staff further stated that no written eviction notice had been issued and
22	that R1 remained hospitalized and later admitted to a SNF due to medical needs.
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24	LPA review, R1's facility file, including but not immitted to Admission Agreement, Physician Report,
25	Needs & Services Plan, Appraisal, Unusual Incident Reports and other relevant records. Records
26	reviewed did not reveal any information to support the allegation.
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28	Based on interviews and documents review there is insufficient information to support the allegation.
29	Therefore, the allegation is UNSUBSTANTIATED at this time.
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31	No immediate health and safety issues were noted.
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	Exit interview was conducted. Copy of report was provided.

SUPERVISORS NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Antonia Alvizar-Ettima	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/24/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/24/2026