

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 195850091  
Report Date: 03/11/2026  
Date Signed: 03/11/2026 02:54:19 PM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/06/2026** and conducted by Evaluator Angela Barutyan

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20260106091314</b>
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<b>FACILITY NAME:</b> PRESERVE AT WOODLAND HILLS, THE	<b>FACILITY NUMBER:</b> 195850091
<b>ADMINISTRATOR:</b> SUSAN WEISBARTH	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 6221 FALLBROOK AVENUE	<b>TELEPHONE:</b> (747) 226-5834
<b>CITY:</b> WOODLAND HILLS	<b>STATE:</b> CA <b>ZIP CODE:</b> 91367
<b>CAPACITY:</b> 60	<b>CENSUS:</b> 46 <b>DATE:</b> 03/11/2026
<b>MET WITH:</b> Susan Weisbarth	<b>UNANNOUNCED TIME BEGAN:</b> 12:02 PM
	<b>TIME COMPLETED:</b> 03:00 PM

#### ALLEGATION(S):

1	Staff are not allowing resident to receive gifts while in care
2	Staff did not prevent resident from developing pressure ulcers
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Angela Barutyan arrived at the facility unannounced to conduct a
2	subsequent complaint investigation with the purpose of delivering findings for the allegations listed above
3	at 12:02PM. LPA met with Health and Services Director (HSD) Tony Nunez and Executive Director (ED)
4	Susan Weisbarth who arrived shortly thereafter. Entrance interview conducted.
5	
6	During today's visit, LPA interviewed two (2) staff members and obtained copies of pertinent documents.
7	During the initial visit on 01/12/2026, LPA interviewed three (3) staff, one (1) resident, and three (3)
8	witnesses, conducted a physical plant tour, reviewed and obtained copies of pertinent documents
9	relevant to the investigation, and discussed the allegations.
10	
11	Report Continued on LIC9099-C.
12	
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Kristin Heffernan  
**LICENSING EVALUATOR NAME:** Angela Barutyan  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/11/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/11/2026

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** 29-AS-20260106091314

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250  
WOODLAND HILLS, CA 91364

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** PRESERVE AT WOODLAND HILLS, THE

**FACILITY NUMBER:** 195850091

**VISIT DATE:** 03/11/2026

### NARRATIVE

1 It was alleged that the facility was preventing Resident #1 (R1) from receiving gifts, specifically multiple  
2 flower deliveries and a book. LPA interviewed four (4) facility staff who stated that staff will bring any  
3 deliveries for R1 to their room and R1 has the choice to receive or decline. Two (2) staff members stated  
4 that flowers were delivered to R1 but they were unsure if R1 kept them. One (1) staff member stated  
5 that R1 received a book and kept it. LPA interviewed R1 and three (3) witnesses who all confirmed that  
6 R1 received the flowers but did not wish to keep them so they gave the flowers away. R1 and witnesses  
7 also confirmed that facility staff bring deliveries to R1's room and R1 decides to accept or decline. LPA  
8 reviewed photographic evidence confirming the flower delivery to R1. LPA reviewed the facility's delivery  
9 logs and observed multiple package deliveries to R1. R1 and R1's responsible parties interviewed had  
10 no concerns of R1 being prevented from receiving gifts or deliveries. Based on interview and record  
11 review, the information obtained during the investigation does not have sufficient evidence to  
12 corroborate the allegation. Although the allegation may have happened or is valid, there is not sufficient  
13 evidence to prove the alleged violation did or did not occur, therefore the above allegation "Staff are not  
14 allowing resident to receive gifts while in care" is deemed **UNSUBSTANTIATED** at this time.  
15  
16 It was further alleged that R1 sustained multiple pressure injuries on their legs and heels possibly due to  
17 staff neglect. LPA reviewed records and observed that R1 was hospitalized from 12/22/2025-  
18 01/02/2026. LPA interviewed staff, R1, and witnesses who stated that R1 did not develop any pressure  
19 injuries under the care of the facility. All interviews confirmed that R1 did have some discoloration on  
20 their heel, but that this was a pre-existing condition prior to R1's admission to the facility and not an  
21 open wound. Interviews also confirmed that during R1's hospital stay, R1 developed minor  
22 redness/blister on their back but R1's condition began improving after hospital discharge. LPA did not  
23 observe any open wounds on R1 during the initial visit. LPA was unable to observe R1 during today's  
24 visit as R1 no longer resides at the facility. Record review of R1's care plan, physician's report, and  
25 appraisals contained no evidence of R1 developing pressure injuries while at the facility. Based on  
26 interview, observation, and record review, the information obtained during the investigation does not  
27 have sufficient evidence to corroborate the allegation. Although the allegation may have happened or is  
28 valid, there is not sufficient evidence to prove the alleged violation did or did not occur, therefore the  
29 above allegation "Staff did not prevent resident from developing pressure ulcers" is deemed  
30 **UNSUBSTANTIATED** at this time.  
31  
32 No deficiencies cited at this time. Exit interview conducted. A copy of the report was provided.

**SUPERVISORS NAME:** Kristin Heffernan  
**LICENSING EVALUATOR NAME:** Angela Barutyan  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/11/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/11/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 2