

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 195850546
Report Date: 08/04/2026
Date Signed: 08/04/2026 03:19:07 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 07/27/2026 and conducted by Evaluator Quoc Huynh

PUBLIC	COMPLAINT CONTROL NUMBER: 29-AS-20260727112440
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FACILITY NAME: SAVANT OF WOODLAND HILLS	FACILITY NUMBER: 195850546
ADMINISTRATOR: SIDNEY, KEVAN	FACILITY TYPE: 740
ADDRESS: 21711 VENTURA BLVD	TELEPHONE: (818) 582-5455
CITY: WOODLAND HILLS	ZIP CODE: 91364
CAPACITY: 322	DATE: 08/04/2026
	UNANNOUNCED TIME BEGAN: 10:11 AM
MET WITH: Ariana Bashardoost - Business Office Director	TIME COMPLETED: 03:30 PM
Kevan Sidney - Executive Director	

ALLEGATION(S):

1	Staff are not meeting resident's incontinence needs
2	Staff are not keeping resident's room clean, safe, and sanitary at all times
3	Staff are not providing a signal system to residents
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Quoc Huynh conducted an unannounced initial complaint visit for the
2	above allegations. The LPA arrived at 10:11AM and met with the Business Office Director (BOD) Ariana
3	Bashardoost. The Executive Director (ED) Kevan Sidney arrived at approximately 12:40PM. Entrance
4	interview conducted.
5	
6	Beginning at 10:26AM, the LPA and BOD conducted a physical plant tour, and no immediate concerns
7	were observed. Between 10:43AM and 12:41PM, the LPA interviewed one (1) resident and six (6) staff,
8	and reviewed and obtained pertinent documents. The following was then determined:
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10	Report Continued on LIC 9099-C
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kristin Heffernan	
LICENSING EVALUATOR NAME: Quoc Huynh	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/04/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/04/2026

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 3
Control Number 29-AS-20260727112440

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SAVANT OF WOODLAND HILLS	FACILITY NUMBER: 195850546
	VISIT DATE: 08/04/2026

NARRATIVE	
1	Allegations: "Staff are not meeting resident's incontinence needs," "Staff are not keeping resident's room
2	clean, safe, and sanitary at all times," and "Staff are not providing a signal system to residents"
3	
4	It was reported that staff did not ensure a safe and sanitary living environment for Resident #1 (R1) due
5	to Resident #2's (R2) incontinence needs, which allegedly resulted in unaddressed accidents. It was
6	further reported that R1 and R2 did not have access to a call system in their room and were unable to
7	request staff assistance.
8	
9	Interview with R1 revealed that R2 required assistance from staff and that R1 frequently assisted R2
10	during the night. R1 acknowledged that it was disruptive but reported that they chose to assist R2
11	voluntarily and had no complaints. R1 stated they were able to use their call light but did not feel the
12	need to because they were comfortable assisting R2. R1 reported that R2 had approximately two (2)
13	incontinence accidents on the bedroom floor overnight and that R1 slipped once but did not fall. R1
14	stated that when they notified staff of R2's accidents, staff responded immediately. R1 did not express
15	any additional concerns and described staff as attentive to their needs.
16	
17	Per staff and record review, R2 was relocated by their family the week prior due to requiring a higher
18	level of care and supervision. An interview with R2 was not conducted.
19	
20	Staff interviews indicated that R1 was mostly independent and often attempted to help other residents,
21	including R2. Staff reported they frequently instructed R1 not to assist other residents and to notify staff
22	instead. Staff stated that R2 had a history of aggressive behavior and was observed removing pull-ups,
23	manipulating bowel movements, and intentionally urinating in their room and common areas. Staff
24	indicated this behavior occurred more frequently when R2 was agitated and first moved into the facility.
25	After staff became aware of the incidents – and following R1's concern – staff implemented more
26	frequent check-ins with R2.
27	
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29	Report Continued on LIC 9099-C
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LICENSING EVALUATOR NAME: Quoc Huynh	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/04/2026
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LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 29-AS-20260727112440

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COMPLAINT INVESTIGATION REPORT
(Cont)

BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: SAVANT OF WOODLAND HILLS

FACILITY NUMBER: 195850546

VISIT DATE: 08/04/2026

NARRATIVE

1 Staff also stated that R2's physician prescribed medication that helped reduce R2's agitation and
2 behaviors. Staff reported that during early morning rounds, they occasionally found incontinence
3 accidents in the bedroom and immediately cleaned R2 and the room. Staff stated these incidents were
4 not frequent and that they regularly communicated such occurrences to the overnight staff. Staff also
5 reported that incontinence care is completed frequently for all residents, and that although R2 was
6 monitored more closely, accidents could occur quickly.
7
8 During today's visit, the LPA observed R1's bedroom and found no concerns. The room was clean,
9 sanitary, and did not pose any safety or personal rights risks to R1. The LPA observed a call light
10 accessible from R1's bed. The call system was tested and found operational.
11
12 Based on interviews and observations, although the allegations may have happened or are valid, there
13 is insufficient evidence to prove the alleged violations did or did not occur, therefore the allegations are
14 deemed **UNSUBSTANTIATED** at this time.
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16 No deficiency cited. Exit interview conducted. A copy of the report was reviewed and provided.
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SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Quoc Huynh
LICENSING EVALUATOR SIGNATURE:

DATE: 08/04/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/04/2026