

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 195850578
Report Date: 06/25/2026
Date Signed: 06/25/2026 02:55:24 PM

Substantiated

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 **06/16/2026** and conducted by Evaluator Trevor Byrne

	COMPLAINT CONTROL NUMBER: 29-AS-20260616105222
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FACILITY NAME: RIDGE AT WESTLAKE VILLAGE, THE		FACILITY NUMBER:	195850578
ADMINISTRATOR:LARIOS, BRIAN		FACILITY TYPE:	740
ADDRESS:	31200 CEDAR VALLEY DRIVE	TELEPHONE:	(805) 572-7705
CITY:	WESTLAKE VILLAGE	ZIP CODE:	91362
CAPACITY:	162	DATE:	06/25/2026
MET WITH: Kailey Vanderwall		UNANNOUNCED TIME BEGAN:	10:15 AM
		TIME COMPLETED:	03:00 PM

ALLEGATION(S):

1	Staff did not provide a refund
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Trevor Byrne conducted an unannounced complaint investigation visit at the facility at 10:15 AM. LPA met with facility Executive Director (ED) Kailey Vanderwall. Entrance interview was conducted and the reason for the visit was explained.
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5	During today's visit LPA conducted a brief physical plant tour, reviewed one (1) resident file, collected copies of pertinent documentation, and conducted interviews with the ED, one (1) Marketing Coordinator (MC), and the Business Office Director (BOD) between approximately 10:20 AM and 02:45 PM.
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9	Continued on LIC-9099C
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Substantiated	Estimated Days of Completion: 0
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SUPERVISORS NAME: Kasandra Lopez	
LICENSING EVALUATOR NAME: Trevor Byrne	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/25/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/25/2026

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-20260616105222

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: RIDGE AT WESTLAKE VILLAGE, THE	FACILITY NUMBER: 195850578
	VISIT DATE: 06/25/2026

NARRATIVE	
1	The allegation of "Staff did not provide a refund." Alleges that the facility did not provide a refund of the
2	pre-admission/Community fee to a prospective resident after the resident rescinded their contract and
3	did not take possession of the room in the facility. LPA reviewed the Residence and Services Agreement
4	(RSA) for Resident #1 (R1). LPA observed the RSA to be signed by R1 on 04/28/2026. The RSA stated
5	that financial responsibility for the unit began on 04/30/2026. LPA observed pages five (5) and six (6) to
6	contain a section which outlined the fees that are charged which included but were not limited to the
7	community fee and monthly fee. LPA observed that R1 was charged a community fee of \$7,500 prior to
8	admission into the facility. LPA reviewed an email dated 05/19/2026 from R1's responsible party sent on
9	behalf of R1 to the acting Executive Director at the time Caroline Frangieh which stated that they were
10	providing a 30-day notice to vacate the unit. LPA reviewed R1's RSA and observed a section which
11	stated "At the time that You sign this Agreement, You will have paid to The Ridge a Community Fee of
12	\$7,500.00 dollars. \$500 of the Community Fee is to cover the cost of performing the pre-admission
13	assessment, and the remainder of the fee is used to maintain the common areas and furnishings of the
14	community...This Community Fee is partially refundable, on a prorated basis, for three (3) months
15	following the date You sign this Agreement....If You leave The Ridge during the first (1st) month, You will
16	receive a refund of 80% of the Community Fee (minus the \$500 for the assessment)." LPA interviewed
17	BOD who confirmed that either the acting Executive Director or the BOD would be the staff member
18	responsible for issuing a refund. BOD confirmed that no refund for the community fee had been paid to
19	R1 due to an ongoing dispute regarding payment of the monthly fee. Based on the information obtained
20	during record review and interviews there is sufficient evidence to support the allegation of "Staff did not
21	provide a refund." Therefore, the allegation is deemed Substantiated at this time.
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23	The following deficiency was cited (refer to LIC 9099D). A copy of the report was printed, appeal rights
24	were provided, and exit interview was conducted.
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SUPERVISORS NAME: Kasandra Lopez	
LICENSING EVALUATOR NAME: Trevor Byrne	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/25/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/25/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 29-AS-20260616105222

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: RIDGE AT WESTLAKE VILLAGE, THE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 195850578
VISIT DATE: 06/25/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Request Denied Type B 07/09/2026 Section Cited CCR 87507(g)(5)(E)2.a.	1 2 3 4 5 6 7	87507 Admission Agreements (g)...(5)...(E)...2... a. A refund of...80 percent of the preadmission fee...shall be provided if...the resident leaves the facility... during the first month of residency. This requirement is not met as evidenced by:	1 2 3 4 5 6 7	ED agreed to work with BOD to issue the appropriate refund to R1 and settle any outstanding fees for R1. ED agreed to provide proof of POC to CCLD no later than POC due date.
	8 9 10 11 12 13 14	Based on interviews and record review the Licensee did not comply with the section cited above as a 30-day notice to vacate was provided on 05/19/2026 and no preadmission (Community) fee had been refunded to R1 which poses a potential personal rights risk to clients in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Kasandra Lopez	
LICENSING EVALUATOR NAME: Trevor Byrne	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/25/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/25/2026