

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197602434

Report Date: 02/23/2026

Date Signed: 02/23/2026 02:39:01 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 **10/21/2025** and conducted by Evaluator Christine Yee

PUBLIC	COMPLAINT CONTROL NUMBER: 29-AS-20251021133859
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FACILITY NAME: GARDENS AT PARK BALBOA, THE	FACILITY NUMBER: 197602434
ADMINISTRATOR: DION D GALLARZA	FACILITY TYPE: 740
ADDRESS: 7046 KESTER AVENUE	TELEPHONE: (818) 787-0462
CITY: VAN NUYS	ZIP CODE: 91405
CAPACITY: 120	DATE: 02/23/2026
MET WITH: Dion Gallarza, Executive Director	UNANNOUNCED TIME BEGAN: 12:58 PM
	TIME COMPLETED: 02:50 PM

ALLEGATION(S):

1	1. Staff handled resident in a rough manner resulting in injuries.
2	2. Staff unable to provide assistance to residents in a timely manner.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christine Yee conducted a subsequent unannounced complaint visit to deliver the findings of the investigation and met with Dion Gallarza, Executive Director. The reason for the visit was provided.
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4	
5	On October 24, 2025, LPA Yee conducted an unannounced initial complaint visit to investigate the above allegations and met with Laura Diaz, Health Services Director. Dion Gallarza, Executive Director, was off on the day of the initial visit. The reason for the visit was provided.
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9	On the visit conducted on October 24, 2025, LPA Yee conducted interviews with Laura Diaz, Wellness Director at 11:18am, Staff #2 at 12:35pm, Staff #3 at 1:33pm, Staff #1 at 3:06pm, Staff #4 at 2:24pm,
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11	
12	Continued on LIC9099-C
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Christine Yee
LICENSING EVALUATOR SIGNATURE:

DATE: 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2026

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-20251021133859

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: GARDENS AT PARK BALBOA, THE

FACILITY NUMBER: 197602434

VISIT DATE: 02/23/2026

NARRATIVE

1 Page 2.
2

3 Resident #1 at 2:20pm and Resident #2 at 2:43pm and collected copies of documents for Resident #1
4 and Resident #2. Due to time constraints and the information received, further investigation was needed
5 to make a finding for the above allegations. Exit interview was conducted and a copy of the report was
6 provided.
7

8 On February 20, 2026, LPA Yee conducted a telephone interview with Dion Gallarza, Executive Director,
9 at 9:48am.
10

11 Per information received from the investigation regarding the allegation that staff handled resident in a
12 rough manner resulting in injuries, the investigation revealed that Resident #1 was taking Eliquis 2.5 mg,
13 a blood thinner. It was also revealed that Resident #1 has dry skin and likes to scratch their hands and
14 also likes to actively move their hands while talking. Per interviews conducted with staff, everyone
15 denies that staff handle residents in a rough manner. Per Staff, they do not pick up residents by their
16 hands. They are picked up by their arm pits. Resident #1 requires a 2 man assist and is picked up by
17 their arm pits so it is unknown how Resident #1 would have sustained the bruises on their hands. The
18 staff also indicated that the residents' in Safe Haven don't have behaviors resulting in another resident
19 being hit.. The bruises could have been sustained if Resident #1 waved their hands around while talking
20 and could have hit something. Per information provided, Resident #1 likes to hit the underside of the
21 table with their hands or hit the wall and easily sustained bruises due to the use of blood thinner. Per
22 facility documentation dated October 16, 2025, Resident #1's responsible party was notified of the
23 bruises observed on the top of the resident's hands on October 15, 2025. The Responsible party
24 expressed concerns. Per facility documentation, staff from each shift who worked on October 14, 2025,
25 were interviewed by the Executive Director. Staff indicated that Resident#1 had been observed laying
26 their head on their hands and scratching their hands. The facility's Nurse Practitioner was also called,
27 and pictures of the resident's hands were sent and the Nurse Practitioner indicated that it would not take
28 much pressure to cause bruising due to the use of blood thinner. Per the Executive Director's interview
29 with Resident #1, they also indicated that the lady who shaves them was also holding their hands, lifted
30 them up by their shirt and lifted them in the air. The lady who shaves the resident is the responsible
31 party. Based on the information obtained from interviews
32

continued on LIC9099-C

SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Christine Yee
LICENSING EVALUATOR SIGNATURE:

DATE: 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 29-AS-20251021133859

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

**COMPLAINT INVESTIGATION REPORT
(Cont)**

WOODLAND HILLS N.ASC, 21731 VENTURA
BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: GARDENS AT PARK BALBOA, THE

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VISIT DATE: 02/23/2026

NARRATIVE

1 Page 3.
2 conducted, there is insufficient evidence to support the allegation that staff handled the resident in a
3 rough manner resulting in injuries, therefore the allegation is unsubstantiated at this time.
4 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
5 prove the alleged violation(s) did or did not occur.
6
7 Per information obtained regarding the allegation that staff unable to provide assistance to residents in a
8 timely manner, the investigation reveals that the facility has 3 shifts. Safe Haven has 2 caregivers and a
9 Medication Technician working the morning and evening shift and one caregiver on the night shift.
10 Assisted Living has 2-3 caregivers in the morning and evening shift and one at night. There is a total of
11 3 staff for the night shift – one caregiver in Assisted Living, one caregiver in Safe Haven and a
12 Medication Technician. The staff assist and cover each other. Per Laura Diaz, Wellness Director, many
13 of the assisted living residents are independent and don't need assistance with feeding or to be checked
14 regularly. Residents are observed during mealtimes. Room checks are done for at risk residents based
15 on their needs. The Safe Haven residents do not have any issues or behaviors and are asleep and room
16 checks are conducted every hour. Incontinent residents are changed 2-3 times at night or as needed.
17 Per Laura Diaz, they do not have any staffing issues. Staff respond to calls for assistance within ten
18 minutes. Caregivers assist each other if an assigned caregiver is unable to respond to a resident.
19 Another caregiver will provide coverage. Based on information received during the investigation, there is
20 insufficient evidence to support the allegation that staff unable to provide assistance to residents in a
21 timely manner, therefore the allegation is unsubstantiated at this time.
22
23 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
24 prove the alleged violation(s) did or did not occur.
25
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27
28
29 Exit interview was conducted and a copy of the report was provided.
30
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32

SUPERVISORS NAME: Kristin Heffernan

LICENSING EVALUATOR NAME: Christine Yee

LICENSING EVALUATOR SIGNATURE:

DATE: 02/23/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2026