<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197603165
Report Date: 07/28/2026
Date Signed: 07/28/2026 11:53:10 AM

Substantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/17/2026** and conducted by Evaluator Quoc Huynh

PUBLIC	COMPLAINT CONTROL NUMBER: 29-AS-20260217151650

FACILITY NAME:	GLEN PARK AT VALLEY VILLAGE			**FACILITY NUMBER:**	197603165
ADMINISTRATOR:	VIRGINIA SUMULONG			**FACILITY TYPE:**	740
ADDRESS:	5527 LAUREL CANYON BLVD			**TELEPHONE:**	(818) 769-6626
CITY:	VALLEY VILLAGE	**STATE:** CA		**ZIP CODE:**	91607
CAPACITY:	100	**CENSUS:** 44		**DATE:**	07/28/2026
		UNANNOUNCED		**TIME BEGAN:**	10:00 AM
MET WITH:	Virginia Sumulong - Interim Executive Director			**TIME COMPLETED:**	12:10 PM

ALLEGATION(S):

1	Staff sexually assaulted resident
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Quoc Huynh conducted a subsequent complaint visit to deliver findings
2	for the above allegation. The LPA arrived at 10AM and met with Interim Executive Director (ED) Virginia
3	Sumulong. Entrance interview conducted.
4	
5	On 02/03/2026, the Department received a notification of an alleged staff on resident sexual assault that
6	occurred on the evening of 01/30/2026. On 02/04/2026, LPA Huynh conducted a Case Management
7	Incident visit. Between 10:32AM and 11:26AM, the LPA conducted a physical plant tour and obtained
8	pertinent documents including facility camera footage.
9	
10	Report Continued on LIC 9099-C
11	
12	
13	

Substantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Quoc Huynh
LICENSING EVALUATOR SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 29-AS-20260217151650

FACILITY NAME: GLEN PARK AT VALLEY VILLAGE **FACILITY NUMBER:** 197603165
VISIT DATE: 07/28/2026

NARRATIVE

Between 02/05/2026 and 05/07/2026, the Department interviewed facility staff and residents, Los Angeles Police Department (LAPD) Detectives, and obtained and reviewed pertinent documents.

On 07/02/2026, LPA Huynh conducted a subsequent complaint visit. Between 11:39AM and 2:03AM the LPA conducted a physical plant tour, and interviewed five (5) staff, one (1) resident, and the ED.

During today's visit at 10:06AM, the LPA and ED conducted a physical plant tour, and no immediate concerns were observed. The following was then determined:

Allegation: "Staff sexually assaulted resident"

It was reported that Staff #1 (S1) sexually assaulted Resident #1 (R1) through forced oral copulation on the evening of 01/30/2026. Physician's Report dated 09/25/2025 documented R1 with hypertension, cardiomegaly, cardiac arrythmia, diabetes mellitus type 2, hypothyroidism, and COPD. R1 had no diagnosis of cognitive impairment but experienced major depressive disorder and psychosis. They were noted to be non-ambulatory but able to follow directions and communicate their needs. According to R1's Appraisal/Needs and Services Plan dated 10/02/2025, Staff were to monitor R1 for unusual and uncontrolled behaviors due to their mental health history. The plan also documented periods of forgetfulness requiring staff queueing for daily hygiene and social activities.

Record review of S1's employment revealed multiple disciplinary actions and internal staff incident reports. S1 frequently ignored resident and staff requests for assistance and was often observed conversing or "relaxing" instead of performing assigned duties. Reports also documented conflicts with peers, difficulty working as part of a team, and a pattern of calling out or leaving shifts early.

Report Continued on LIC 9099-C

SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Quoc Huynh
LICENSING EVALUATOR SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026

Control Number 29-AS-20260217151650

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS N.ASC, 21731 VENTURA

NARRATIVE

Interviews with staff and residents revealed no additional concerns regarding S1. Staff described S1 as often unavailable, including hiding in resident rooms, and characterized their work habit as unreliable and "lazy." Staff #2 (S2), who was supervising S1 on 01/30/2026, reported that during the final check-in at approximately 9:30PM, S1 exhibited no unusual behavior. Staff also reported that R1 had a history of occasional "strange behavior" and one (1) past incident of inappropriately touching staff, which was addressed with no further occurrences.

R1 reported that after receiving their evening snack on 01/30/2026, they were resting in their room when they felt a hand moving up and down their leg. R1 reported being lifted by their armpits, placed into their wheelchair, and subjected to forced oral copulation by S1. R1 stated they attempted to push S1 away multiple times but was unsuccessful. They reported that the incident lasted approximately five (5) to ten (10) minutes and that they preserved S1's bodily fluids on toilet paper as evidence. R1 further reported that S1 threatened to "come back and hurt [R1]" if they disclosed the incident. After S1 left the room, R1 checked the hallway to ensure S1 was gone and stated they were afraid to leave their room until it was safe. The following morning on 01/31/2026, R1 reported the incident to Staff #3 (S3), who immediately contacted law enforcement. R1 stated they had not previously experienced any inappropriate behavior from staff and described minimal interactions with S1. R1's statements remained consistent across interviews conducted by facility staff, law enforcement, and the Department.

Facility camera footage captured S1 entering the hallway at 8:54:11PM on 01/30/2026 carrying a black trash bag. S1 walked towards R1's room and at 8:54:36PM placed the trash bag on the floor and looked down the hallway as they unlocked R1's door using facility keys. S1 entered the room at 8:54:45PM, briefly returned to retrieve the trash bag, and re-entered R1's room. Between 8:57:12PM and 9:09PM, one (1) resident and two (2) staff passed through the hallway. At 9:13:50PM, S1 exited R1's room with a wheelchair, food tray, and trash bag. S1 walked out of view and returned at 9:16:17PM carrying a trash bag and clothing.

Report Continued on LIC 9099-C

SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Quoc Huynh
LICENSING EVALUATOR SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: GLEN PARK AT VALLEY VILLAGE **FACILITY NUMBER:** 197603165
VISIT DATE: 07/28/2026

NARRATIVE

S1 dropped the trash bag, entered a second resident room at 9:16:38PM, and at this time R1 exited their own room in a wheelchair, appearing to look up and down the hallway. S1 exited the second room at 9:17:34PM empty handed, observed R1 in their doorway, and walked towards R1. R1 then backed their wheelchair into their room, with S1 following at 9:17:48PM. At 9:18:09PM, S1 re-entered the hallway and closed R1's door.

Review of LAPD Detective's Crime Report showed that law enforcement responded on 01/31/2026, arranged a sexual assault exam, and collected forensic swabs and the preserved bodily-fluid evidence. On 02/03/2026, S1 voluntarily went to the police station for an interview. S1 initially denied the allegation, provided a DNA sample, and later admitted to consensual sexual contact, claiming R1

initiated the act by removing their clothing. S1 admitted to oral copulation but denied the use of force and threats. S1 was arrested and charged with oral copulation by force or fear. Detectives informed the Department that S1 attempted to discredit R1 by falsely claiming R1 had dementia and confirmed that R1 was assessed as a credible witness. They also reported no evidence of additional sexual assault victims at the facility. DNA analysis confirmed that the bodily fluids collected belonged to S1. No further information was available due to an active case.

On 03/12/2026, the Department interviewed S1, who described their job duties as assisting residents with feeding, bathing, and cleaning. S1 stated that they were not present during resident bathing and that incontinence care was either witnessed by other staff or performed with doors open. S1 denied any past allegations of sexual abuse. S1 reported one (1) prior interaction with R1 in which R1 touched S1's shoulder and lower back; S1 did not report this incident. On the evening of 01/30/2026, S1 stated they entered R1's room to discard a food tray and that R1 requested additional assistance moving their wheelchair and removing trash. S1 stated they also provided R1 with medication pills but did not recall how long they remained in the room. Despite multiple attempts, S1 denied the sexual assault allegation and would not clarify why they had been incarcerated.

Report Continued on LIC 9099-C

SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Quoc Huynh
LICENSING EVALUATOR SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: GLEN PARK AT VALLEY VILLAGE **FACILITY NUMBER:** 197603165
VISIT DATE: 07/28/2026

NARRATIVE

Based on interviews and record review, the preponderance of evidence standard has been met; therefore, the allegation is deemed **SUBSTANTIATED** at this time.

Pursuant to Title 22 CA Code of Regulations and/or the Health and Safety Code, the following deficiency was cited (Refer to LIC 9099-D).

The ED was advised that civil penalties may be assessed based on Health and Safety Code Section 1569.49.

Exit interview conducted. A copy of the appeal rights and report was reviewed and provided.

28 29 30 31 32	

SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Quoc Huynh
LICENSING EVALUATOR SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026

Control Number 29-AS-20260217151650

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME: GLEN PARK AT VALLEY VILLAGE **FACILITY NUMBER:** 197603165
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/28/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 07/29/2026 **Section Cited** CCR 87468.2(a)(8)	1 2 3 4 5 6 7	(a) In addition to the rights listed in Section 87468.1… (8) To be free from neglect… and verbal, mental, physical, or sexual abuse. This requirement was not met as evidenced by:	1 2 3 4 5 6 7	The Licensee will schedule staff training on sexual abuse and staff conduct with a third party vendor and provide CCLD proof by POC due date.
	8 9 10 11 12 13 14	Based on interviews and record review the Licensee did not comply with the above cited section as R1 was not free from sexual abuse which poses an immediate health, safety, and personal rights risk to persons 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: Kristin Heffernan
LICENSING EVALUATOR NAME: Quoc Huynh
LICENSING EVALUATOR SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/17/2026** and conducted by Evaluator Quoc Huynh

COMPLAINT CONTROL NUMBER: 29-AS-20260217151650

FACILITY NAME: GLEN PARK AT VALLEY VILLAGE
FACILITY NUMBER: 197603165
ADMINISTRATOR: VIRGINIA SUMULONG
FACILITY TYPE: 740
ADDRESS: 5527 LAUREL CANYON BLVD
TELEPHONE: (818) 769-6626
CITY: VALLEY VILLAGE
STATE: CA
ZIP CODE: 91607
CAPACITY: 100
CENSUS: 44
DATE: 07/28/2026
UNANNOUNCED
TIME BEGAN: 10:00 AM
MET WITH: Virginia Sumulong - Interim Executive Director
TIME COMPLETED: 12:10 PM

ALLEGATION(S):

1 Staff do not treat resident with dignity and respect

INVESTIGATION FINDINGS:

Licensing Program Analyst (LPA) Quoc Huynh conducted a subsequent complaint visit to deliver findings for the above allegation. The LPA arrived at 10AM and met with Interim Executive Director (ED) Virginia Sumulong. Entrance interview conducted.

On 02/18/2026, LPA Huynh conducted an initial complaint visit and conducted a physical plant tour. On 07/02/2026, LPA Huynh conducted a subsequent complaint visit. Between 11:39AM and 2:03AM the LPA conducted a physical plant tour, and interviewed five (5) staff, one (1) resident, and the ED.

During today's visit at 10:06AM, the LPA and ED conducted a physical plant tour, and no immediate concerns were observed. The following was then determined:

Report Continued on LIC 9099-C

Unsubstantiated **Estimated Days of Completion:**

SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Quoc Huynh
LICENSING EVALUATOR SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 29-AS-20260217151650

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: GLEN PARK AT VALLEY VILLAGE **FACILITY NUMBER:** 197603165
VISIT DATE: 07/28/2026

NARRATIVE

Allegation: “Staff do not treat resident with dignity and respect”

It was reported that Resident #1 (R1) was not accorded dignity and respect after reporting a sexual assault. R1 stated that facility staff made disrespectful remarks toward them and expressed disbelief about R1’s report. R1 further stated that after disclosing the assault, the ED commented, “nothing like this has ever happened before.” R1 reported that following the incident, they chose not to discuss the details with staff and residents because “it wasn’t their business.”

Interviews with five (5) staff revealed that after R1 reported the assault, the facility implemented a two (2) person assist to protect both R1 and staff during care. Staff reported that R1’s level of care did not change and that staff continued to respond to R1’s requests as usual. Staff denied making or overhearing any disrespectful remarks related to the allegation. Some staff stated they were unaware whether R1 spoke about the incident, while others stated that R1 voluntarily shared details with staff and residents. The ED reported that their only interaction with R1 occurred when R1 initially made the report and denied making any disrespectful statements. The ED stated that they interviewed R1 to gather necessary information to report to their superiors and the Department. Due to the active investigation, the ED conducted an in-service training reminding staff of confidentiality requirements and instructing staff not to engage in conversations about the assault. The ED later received reports from staff that R1 was voluntarily discussing the incident.

Interview with Resident #2 (R2) confirmed that staff and residents did not treat R1 disrespectfully. R2 stated that while some residents didn’t believe R1’s allegation due to their history of “odd” behavior, they did not express these opinions to R1. R2 reported that following the incident, R1 made inappropriate comments to residents and openly discussed the details in the dining room. R2 stated that some staff and residents appeared hesitant to interact with R1 due to the ongoing investigation, but R1 was not treated differently regarding care or services.

Based on interviews, although the allegation may have happened or is valid, there is insufficient evidence to prove the violation did or did not occur; therefore, the allegation is deemed **UNSUBSTANTIATED** at this time.

No deficiency cited. Exit interview conducted. A copy of the report was reviewed and provided.

SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Quoc Huynh
LICENSING EVALUATOR SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026