

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197603560
Report Date: 07/15/2026
Date Signed: 07/15/2026 06:19:56 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 07/13/2026 and conducted by Evaluator Christine Yee

	COMPLAINT CONTROL NUMBER: 29-AS-20260713111756
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FACILITY NAME: COURTYARD PLAZA	FACILITY NUMBER: 197603560
ADMINISTRATOR: EVELINA PAPAZYAN	FACILITY TYPE: 740
ADDRESS: 6951 LENNOX AVENUE	TELEPHONE: (818) 780-5005
CITY: VAN NUYS	ZIP CODE: 91405
CAPACITY: 195	DATE: 07/15/2026
	UNANNOUNCED TIME BEGAN: 02:00 PM
MET WITH: Marilou Mendoza, Administrator	TIME COMPLETED: 06:25 PM

ALLEGATION(S):

1	1. Licensee is not ensuring faucets used by residents for personal care deliver hot water
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christine Yee conducted an unannounced complaint visit to investigate the above allegation and met with Marilou Mendoza, Administrator. The reason for the visit was provided.
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4	On today's visit LPA Yee conducted an interview with Marilou Mendoza at 2:22pm and conducted a tour of the bathrooms located in bedrooms #301, #303, #304, #305 and #306 beginning at 2:56pm together with the Administrator and Julio Argueta, Maintenance. The water temperature taken in bedroom #301 read 104.9 degrees and then dropped down to 93.0 degrees, bedroom #303 read 102.0degrees and dropped to 94.3 degrees, bedroom #304 read 102.0 degrees and then dropped to 96.3, bedroom #305 read 109.4 degrees and fluctuated slightly and bedroom #306 read 108.9 degrees and also fluctuated but held at the noted temperature. The water temperature in bedrooms #301, #303 and #304 never attained the required
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13	Continued on LIC9099-C

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kristin Heffernan	
LICENSING EVALUATOR NAME: Christine Yee	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/15/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/15/2026

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-20260713111756

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: COURTYARD PLAZA	FACILITY NUMBER: 197603560
	VISIT DATE: 07/15/2026

NARRATIVE	
1	Page 2.
2	
3	temperature range of 105-120 degrees Fahrenheit on today's visit.
4	
5	Per interviews conducted with the Administrator and verified with Maintenance, repairs were conducted
6	each time the facility was cited for the lack of hot water. The facility was previously cited on 11/25/25 and
7	again on 6/25/26 for the lack of hot water for resident use. Facility records, indicate repairs were made
8	on 7/2/26 and evidence was submitted to the Department that the deficiency was corrected by 7/9/26.
9	Despite the evidence provided for the correction, the Department received a third complaint on 7/13/26
10	that the licensee is not ensuring faucets used by residents for personal care deliver hot water. The
11	repairs conducted are not permanently addressing the ongoing problem with the faucets not consistently
12	delivering hot water within the range of 105-120 degrees Fahrenheit. The water temperature taken today
13	in the rooms identified as not receiving hot water confirm the allegation in the complaint. Based on
14	today's visit and tour of the bathrooms there is sufficient evidence to support the allegation that Licensee
15	is not ensuring faucets used by residents for personal care deliver hot water, therefore the allegation is
16	substantiated at this time.
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18	Deficiencies cited under California Code of Regulations, Title 22, Division 6, Chapter 8. Civil penalties of
19	\$250.00 were assessed.
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21	Exit Interview was conducted, Appeals Rights were discussed and a copy was provided.
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SUPERVISORS NAME: Kristin Heffernan	
LICENSING EVALUATOR NAME: Christine Yee	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/15/2026
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LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 29-AS-20260713111756

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COMPLAINT INVESTIGATION REPORT (Cont)

BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: COURTYARD PLAZA

FACILITY NUMBER: 197603560

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/15/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/22/2026 Section Cited CCR 87303(e)(2)	1 Maintenance and Operation. Faucets 2 used by residents for personal care 3 such as shaving and grooming shall 4 deliver hot water. Hot water 5 temperature controls shall be 6 maintained to automatically regulate the 7 temperature of hot water used by 8 residents to attain a temperature of not 9 less than 105 degree F (41 degree C) 10 and not more than 120 degree F (49 11 degree C).. 12 This requirement is not met as 13 evidenced by: 14	1 The Licensee will contact their 2 plumbing vendor to have them 3 diagnose the ongoing problem with the 4 lack of hot water that should have been 5 corrected on 7/2/26 and to conduct any 6 additional repairs. The Licensee will 7 also conduct daily water temperature 8 checks in various residents
	8 Based on observation, the licensee did 9 not comply with the section cited above, 10 as water temperature measured in 11 three (3) out of the five (5) resident 12 rooms were below 105 degree F; This 13 poses a potential health and safety risk 14 to residents in care. Civil Penalties 15 were assessed for repeat violation 16 within 12 months.	8 rooms and maintain a log to document 9 and ensure the water temperature is 10 stablized and attains the required range 11 of 105-120 degrees Fahrenheit. Provide 12 a copy of the repairs completed by 13 7/22/26 and weekly logs to LPA for a 14 month after the repairs are completed.
	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: Christine Yee

LICENSING EVALUATOR SIGNATURE:

DATE: 07/15/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/15/2026