

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197603652

Report Date: 06/09/2025

Date Signed: 06/09/2025 11:11:49 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 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 **05/14/2025** and conducted by Evaluator Huma Rahimi

	COMPLAINT CONTROL NUMBER: 31-AS-20250514142748
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FACILITY NAME: AMBASSADOR GARDEN	FACILITY NUMBER: 197603652
ADMINISTRATOR: SOFI DRUKER	FACILITY TYPE: 740
ADDRESS: 7324 CANBY AVENUE	TELEPHONE: (818) 705-3404
CITY: RESEDA	ZIP CODE: 91335
CAPACITY: 158	DATE: 06/09/2025
MET WITH: Sofi Druker, Administrator	UNANNOUNCED TIME BEGAN: 09:45 AM
	TIME COMPLETED: 11:40 AM

ALLEGATION(S):

1	Staff neglect resulted in resident developing multiple pressure injuries.
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INVESTIGATION FINDINGS:

1	At 9:45 AM, Licensing Program Analyst (LPA), Huma Rahimi conducted an unannounced subsequent
2	complaint visit. LPA met with the staff Kristina Papazyan and the Administrator Sofi Druker was contacted
3	and arrived shortly after. LPA disclosed the reason for the visit.
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5	An initial visit was conducted on 05/15/2025. At 10:20 AM, LPA requested resident and staff roster. At
6	approximately 10:30 AM, LPA conducted a physical plant tour of the facility. At 10:50 AM, LPA requested
7	copies of pertinent information which include, but not limited to Physician's report, Admission Agreement,
8	Appraisal Needs and Services Plan, Staff Training, etc., relevant to the investigation. Between 11:00 AM
9	- 1:55 PM, LPA interviewed the Administrator and eight (8) residents. During today's visit, at 10:45 AM,
10	LPA also interviewed Staff #1 (S1).
11	
12	Continue on LIC 9099C
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Huma Rahimi
LICENSING EVALUATOR SIGNATURE:

DATE: 06/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/09/2025

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

LIC9099 (FAS) - (06/04)

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Control Number 31-AS-20250514142748

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,
STE. 250
WOODLAND HILLS, CA 91364

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: AMBASSADOR GARDEN

FACILITY NUMBER: 197603652

VISIT DATE: 06/09/2025

NARRATIVE

1 **Staff neglect resulted in resident developing multiple pressure injuries.**
2 It is alleged that the facility staff neglected Resident #1 (R1) which resulted in developing multiple
3 pressure wound injuries in the buttocks area with emitting pus and was not receiving home health or
4 hospice services. To investigate this allegation LPA conducted an interview with the Administrator who
5 denied ever retaining a resident with a prohibited health condition. The Administrator also informed LPA
6 that R1 is receiving home health services since his/her admission to the facility and the treatment for the
7 redness on the buttock area since 04/24/2025. However, on 05/12/2025 a small opening was observed
8 by the facility staff on R1's buttocks area which was immediately reported to R1's Primary Care
9 Physician (PCP). Subsequently, R1's PCP advised the Administrator to take R1 to the hospital
10 emergency room (ER) for further evaluation. On 05/13/2025, R1 was transported to ER and R1 was
11 discharged the same day from the hospital. On 05/16/2025, LPA requested and reviewed R1's hospital
12 medical records and did not observe any medical information to conclude R1's pressure wound injuries
13 stage. The medical records indicated that R1 has a small ulceration with no necrosis or eschar. Lastly,
14 interviews with R1 and seven (7) other residents revealed that they are happy with the care being
15 provided by the facility staff and never felt neglected. No sufficient evidence was obtained, thus based
16 on interviews and record review this allegation is deemed Unsubstantiated at this time.

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18 Exit Interview Conducted. A copy of this report provided.
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SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Huma Rahimi
LICENSING EVALUATOR SIGNATURE:

DATE: 06/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/09/2025

LIC9099 (FAS) - (06/04)

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