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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197603823
Report Date: 04/21/2026
Date Signed: 04/21/2026 02:24:10 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/17/2025** and conducted by Evaluator Antonia Alvizar-Ettima

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20250917150613

FACILITY NAME:	NORTH LAKE VILLAS INC.			**FACILITY NUMBER:**	197603823
ADMINISTRATOR:	NOURIT BRAUN			**FACILITY TYPE:**	740
ADDRESS:	2851 N. LAKE AVE			**TELEPHONE:**	(626) 398-8668
CITY:	ALTADENA	**STATE:** CA		**ZIP CODE:**	91001
CAPACITY:	30	**CENSUS:** 22		**DATE:**	04/21/2026
		UNANNOUNCED		**TIME BEGAN:**	08:45 AM
MET WITH:	Adam Braun - Assistant Administrator			**TIME COMPLETED:**	02:30 PM

ALLEGATION(S):

1	Staff are not following refund conditions
2	Staff did not ensure resident received P & I money
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Antonia Alvizar- Ettima conducted an unannounced subsequent visit to
2	complete an investigation and deliver findings of the above noted allegations. LPA met with Med-Tech
3	and explained the reason for the visit. The Assistant Administrator later joined today's visit
4	
5	During initial visit on 09/22/2025 due to the destruction of North Lake Villas, Inc. by fire, the complaint
6	visit was conducted at 10:35 am by Licensing Program Analyst (LPA) Tihesha Smith at Encino Terrace
7	Senior Living Adult Residential, a facility that residents from North Lake Villas were relocated. LPA Smith
8	met with staff and disclosed the purpose of the visit. LPA Smith conducted an interview with a licensee
9	via telephone, requesting documents relevant to the investigation to include but not limited to a copy of
10	admissions agreement, personnel report, staff schedule, resident roster.
11	
12	Prior to this visit on 03/13/26 LPA Alvizar- Ettima conducted an interview with Assistant Administrator and
13	Cont. on LIC 9099

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Antonia Alvizar-Ettima
LICENSING EVALUATOR SIGNATURE:
DATE: 04/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/21/2026

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

Control Number 31-AS-20250917150613

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: NORTH LAKE VILLAS INC. **FACILITY NUMBER:** 197603823
VISIT DATE: 04/21/2026

NARRATIVE

Cont. from LIC 9099
Staff #1 (S1) via telephone, request documents relevant to the investigation payable check to social Security Administration and P& I in behalf of R1 and other documents obtained from the facility. During this visit at approximately 9:30a.m., LPA Alvizar- Ettima and Med-Tech conducted a physical plan tour and did not observe any immediate health and safety issues. Between 10:45a.m. – 12:45p.m LPA interviews with Resident #2 - #3 (R2 - R3) and Med-Tech staff.

1.) **Staff are not following refund conditions**

It was alleged that Assistant Administrator received a payment and did not follow proper refund procedures. Assistant Administrator interview revealed that Resident (R1) relocated mid-month and that the Social Security Office was not provided with sufficient time to update the payee information. The Assistant Administrator reported that the payment was returned to the Social Security Administration in accordance with their instructions. Resident #2 (R2) stated that they have not experienced issues related to refunds and reported receiving refund payments as applicable. Additional resident interviewed did not express concerns related to the allegation. Staff #1 (S1) and Med-Tech interviews confirmed the information provided by Assistant Administrator. Records reviewed revealed that R1's funds were returned to the Social Security Administration.

Based on interviews, information obtained and record review, there is insufficient evidence to support the allegation. Therefore, the allegation is **UNSUBSTANTIATED** at this time.

2.) **Staff did not ensure resident received P & I money**

It was alleged that R1 have not received Personal and Incidental (P & I) money. Assistant Administrator and staff denied the allegation. The Assistant Administrator reported that that Resident (R1) consistently received P& I money and that any remaining funds were returned upon moving out of the facility. Resident #2 (R2) stated they were roommates with R1 for an extended period and reported that R1 did not express concerns regarding P & I money . R2 also reported receiving their own P & I money in full and on time. Additional resident interview did not report concerns related to P & I money. Staff #1 (S1) and Med-Tech interviews corroborated with Assistant Administrator's statements. Records reviewed indicated that R1 received P & I money as required.

Based on interviews, information obtained, and record review, there is insufficient evidence to support the allegation. Therefore, the allegation is UNSUBSTANTIATED at this time.

Exit Interview conducted/Copy of report provided.

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Antonia Alvizar-Ettima
LICENSING EVALUATOR SIGNATURE:
DATE: 04/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/21/2026