

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197606902
Report Date: 02/06/2024
Date Signed: 02/06/2024 03:00:18 PM

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 **02/05/2024** and conducted by Evaluator Gina Saucedo

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20240205141026
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FACILITY NAME: OLIVE BRANCH ASSISTED LIVING, THE	FACILITY NUMBER: 197606902
ADMINISTRATOR: CHARLES ARRIETA	FACILITY TYPE: 740
ADDRESS: 10215 BALBOA BLVD.	TELEPHONE: (818) 368-8581
CITY: NORTHRIDGE	ZIP CODE: 91325
CAPACITY: 146	DATE: 02/06/2024
MET WITH: Charles Arrieta	UNANNOUNCED TIME BEGAN: 10:37 AM
	TIME COMPLETED: 03:15 PM

ALLEGATION(S):

1	Staff abandoned resident
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INVESTIGATION FINDINGS:

1	On 02/06/24, at 10:15am, Licensing Program Analyst (LPA) Gina Saucedo arrived at the facility to
2	conduct an unannounced, initial complaint visit and was greeted by Administrator-Charles Arrieta. LPA
3	disclosed the purpose of the visit. LPA explained the purpose of this visit was to gather information,
4	interviews and deliver findings for this complaint.
5	
6	The investigation consisted of the following: LPA Saucedo asked for the census, requested the staff and
7	resident roster. At 10:45am, LPA toured the physical plant, conducted staff interviews, obtained the
8	following record review: Unusual Incident/Injury Report, 30-Day Eviction Notice (SB781), and Olive
9	Branch House Rules.
10	
11	LIC 9099C-continued
12	
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Troy Agard
NAME OF LICENSING PROGRAM ANALYST: Gina Saucedo
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/06/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2024

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-20240205141026

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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: OLIVE BRANCH ASSISTED LIVING, THE

FACILITY NUMBER: 197606902

VISIT DATE: 02/06/2024

NARRATIVE

1 **Regarding the allegation:** Staff abandoned resident. It's being alleged that RP when dropped off at
2 West LA Medical Center was not allowed to go back to the facility. RP stated that they was never given
3 an eviction notice and was just left at the hospital.
4
5 According to the staff interviews, RP was given an eviction notice on 04-28-2023 and signed it the same
6 day. LPA was also able to obtain RP's eviction notice which is signed by RP. The eviction notice shows
7 that RP was given a thirty (30) day notice on March 28, 2023 by the assistant administrator. The eviction
8 notice was given to RP because of their serious violation to the house rules of the above facility.
9 According to staff interviews, RP's behavior became increasingly violent and caused a concern to other
10 residents. LPA was also able to obtain the House Rules of the above facility. LPA was also able to
11 interview the resident that RP hit and caused a concern for the care of the other residents. The resident
12 that RP hit informed the LPA that RP threw something at them hitting them on their ear. LPA was able to
13 obtain the Unusual Incident/Injury Report from the resident. RP was also transferred to another facility
14 where they reside now while in the care of the West LA Medical Center and the help of the Veteran
15 Affairs Department. Based on LPA's record reviews, staff interviews, and the interview with the resident
16 RP hit, the allegation(s) above is unsubstantiated at this time.
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19 An exit interview was conducted, no citations were issued for above allegation(s), and a copy of this
20 report was given to the administrator.
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NAME OF LICENSING PROGRAM MANAGER: Troy Agard
NAME OF LICENSING PROGRAM ANALYST: Gina Saucedo
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/06/2024

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2024