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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197606902
Report Date: 07/23/2026
Date Signed: 07/23/2026 04:51:15 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 **07/14/2026** and conducted by Evaluator Perchui Khurshudyan

	COMPLAINT CONTROL NUMBER: 31-AS-20260714144033

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	**STATE:** CA		**ZIP CODE:**	91325
CAPACITY:	146	**CENSUS:** 80		**DATE:**	07/23/2026
		UNANNOUNCED		**TIME BEGAN:**	12:00 PM
MET WITH:	CHARLES ARRIETA - Administrator			**TIME COMPLETED:**	02:00 PM

ALLEGATION(S):

1	Staff cut resident's hair without permission.
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INVESTIGATION FINDINGS:

1	On 7/23/26 Licensing Program Analyst (LPA) Perchui Milena Khurshudyan conducted an initial 10-day
2	complaint visit to investigate the above allegation. Upon arrival, LPA met with the Administrator Charles
3	Arrieta and explained the reason for the visit.
4	
5	During the course of investigation, LPA requested staff and residents' rosters. At approximately 12:05pm,
6	LPA conducted physical plant tour throughout the facility to ensure health and safety of the residents are
7	protected. No health and safety hazards noted during the visit.
8	
9	At 12:10pm LPA requested copies of Admission Agreement, Appraisal Needs and Services, Physician
10	Report, copy of Incident Report, and reviewed other pertinent documents relevant to the investigation.
11	During the investigation, LPA conducted interviews with the Administrator, four (4) Staff, and nine (9) out
12	of eighty (80) residents, reviewed resident records, and made observations.
13	Continue on LIC9099-C

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Perchui Khurshudyan
LICENSING EVALUATOR SIGNATURE:
DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/23/2026

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

Control Number 31-AS-20260714144033

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: OLIVE BRANCH ASSISTED LIVING, THE **FACILITY NUMBER:** 197606902
VISIT DATE: 07/23/2026

NARRATIVE

Allegation: Staff cut resident's hair without permission.

To investigate the allegation, LPA Khurshudyan conducted interview with the Administrator who denied ever cutting any residents hair without permission. Staff interviewed consistently stated that residents maintain the right to decide whether they wish to receive hair grooming services and denied witnessing any staff member provide a haircut to any resident without consent. Staff furthermore added, that residents who wish to have hair cut, go to Medication station and write their names down on the list. Later the office schedules a hair cut/grooming service for residents.
LPA interviewed residents residing in the facility. Residents denied ever having hair cut against their wishes and stated that no staff member has forced or provided unwanted haircut to residents. LPA reviewed Resident 1 (R1's) facility records and did not find documentation indicating that hair services had been provided or that R1 had a contract or agreement with a third party hair service provider.

Based on interviews conducted, records reviewed, and LPA observations, there was insufficient evidence to support the allegation. Therefore, the allegation is Unsubstantiated at this time.

Exit interview conducted, and a copy of this report signed and delivered.

SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Perchui Khurshudyan
LICENSING EVALUATOR SIGNATURE:
DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/23/2026