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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197607880
Report Date: 07/07/2026
Date Signed: 07/07/2026 02:42:41 PM

Unfounded

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/03/2026** and conducted by Evaluator Quoc Huynh

PUBLIC	COMPLAINT CONTROL NUMBER: 29-AS-20260703095137

FACILITY NAME:	FOUNTAINVIEW AT EISENBERG VILLAGE			**FACILITY NUMBER:**	197607880
ADMINISTRATOR:	KATHLEEN GLASS			**FACILITY TYPE:**	741
ADDRESS:	6440 WILBUR AVENUE			**TELEPHONE:**	(818) 654-5534
CITY:	RESEDA	**STATE:** CA		**ZIP CODE:**	91335
CAPACITY:	216	**CENSUS:** 105		**DATE:**	07/07/2026
		UNANNOUNCED		**TIME BEGAN:**	01:23 PM
MET WITH:	Kathleen Glass - Executive Director Clarissa Townes - Director of Health Services			**TIME COMPLETED:**	02:55 PM

ALLEGATION(S):

1	Staff are not providing adequate food service to resident
2	Staff are not meeting resident's needs
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Quoc Huynh conducted an initial complaint visit for the above
2	allegations. The LPA arrived at 1:23PM and met with Executive Director (ED) Kathleen Glass and
3	Director of Health Services (DHS) Clarissa Townes. Entrance interview conducted.
4	
5	Between 1:48PM and 2:13PM, the LPA conducted a physical plant tour, interviewed one (1) resident, and
6	reviewed and obtained pertinent documents. The following was then determined:
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8	Report Continued on LIC 9099-C
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Unfounded	Estimated Days of Completion:

SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Quoc Huynh
LICENSING EVALUATOR SIGNATURE:
DATE: 07/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/07/2026

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

Control Number 29-AS-20260703095137

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 (Cont)	

FACILITY NAME: FOUNTAINVIEW AT EISENBERG VILLAGE **FACILITY NUMBER:** 197607880
VISIT DATE: 07/07/2026

NARRATIVE

Allegations: “Staff are not providing adequate food service to resident” and “Staff are not meeting resident's needs”

It was reported that a staff was not assisting Resident #1 (R1) with meals and was not attentive to R1’s needs. Interview with R1 confirmed that the staff is not associated with the facility and is a private caregiver. They further reported that the private caregiver is “difficult, not nice, and mean” in addition to not treating R1 gently. R1 did not have concerns about their assistance with meals and stated that the facility provides adequate meals throughout the day.

Record review confirmed the private caregiver is not directly employed by the facility.

Based on the information obtained, the allegations are deemed **UNFOUNDED** at this time. A finding of unfounded means that the allegations are either false, could not have happened, and/or are without a reasonable basis.

The LPA, ED, and DHS had a discussion on following up with the appropriate agency that employed the private caregiver and they agreed.

No deficiency cited. Exit interview conducted. A copy of the report was reviewed and provided.

SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Quoc Huynh
LICENSING EVALUATOR SIGNATURE:
DATE: 07/07/2026

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