

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197607890
Report Date: 06/17/2026
Date Signed: 06/17/2026 05:35:35 PM

Substantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 06/17/2026 and conducted by Evaluator Quoc Huynh

PUBLIC	COMPLAINT CONTROL NUMBER: 29-AS-20260617112035
--------	--

FACILITY NAME:	BE WELL SENIOR LIVING INC.	FACILITY NUMBER:	197607890
ADMINISTRATOR:	RUSLAN MELNIKOV	FACILITY TYPE:	740
ADDRESS:	14739 MORRISON STREET	TELEPHONE:	(818) 205-9313
CITY:	SHERMAN OAKS	ZIP CODE:	91403
CAPACITY:	6	DATE:	06/17/2026
		UNANNOUNCED TIME BEGAN:	03:24 PM
MET WITH:	Ruslan Melnikov - Licensee	TIME COMPLETED:	05:45 PM

ALLEGATION(S):

1	Facility in violation of Fire Safety
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Quoc Huynh conducted an unannounced initial complaint visit for the
2	above allegation. The LPA arrived at 3:24PM and met with Staff Felisa Lacsamana. The Licensee Ruslan
3	Melnikov arrived at 4:35PM. Entrance interview conducted.
4	
5	Between 3:30PM and 4:10PM, the LPA and Staff conducted a physical plant tour and tested the facility's
6	carbon monoxide and smoke detectors. The following was then determined:
7	
8	Allegation: "Facility in violation of Fire Safety"
9	
10	Report Continued on LIC 9099-C
11	
12	
13	

Substantiated	Estimated Days of Completion:
---------------	-------------------------------

SUPERVISORS NAME: Kristin Heffernan	
LICENSING EVALUATOR NAME: Quoc Huynh	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/17/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 3
Control Number 29-AS-20260617112035

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: BE WELL SENIOR LIVING INC.	FACILITY NUMBER: 197607890
	VISIT DATE: 06/17/2026

NARRATIVE	
1	It was reported that the facility did not have a functioning fire extinguisher, smoke detectors, or required fire doors. Today's visit revealed that there was one (1) fire extinguisher on the premises that was fully charged and last serviced on 01/27/2026. Smoke detectors were tested and were not hardwired, with only two (2) out of eight (8) detectors functioning and testable. One (1) operational smoke detector was located in the middle of the facility, above the kitchen, and the other was in a resident's room located at the front of the facility. Two (2) carbon monoxide detectors were tested and one (1) was operational. A double door located in the middle of the facility was observed as well as each resident bedroom door, and the facility did not have required fire doors. The Licensee stated that upon approval of licensure, fire doors were not required, and the facility has not made any changes that would require fire doors. The LPA consulted with a Los Angeles Fire Department (LAFD) City Fire Inspector who confirmed that the facility required fire doors and hardwired smoke detectors due to the facility's approved resident status. The facility was approved for five (5) non-ambulatory and one (1) bedridden, for a total of six (6) residents. Based on interviews and observations, the preponderance of evidence standard has been met; therefore, the allegation is deemed SUBSTANTIATED at this time. An immediate civil penalty in the amount of \$500 was assessed for a violation of the facility's fire clearance (Refer to LIC 421M). The Licensee was advised that failure to correct may result in additional civil penalties. Pursuant to Title 22 CA Code of Regulations and/or the Health and Safety Code, the following deficiency was cited (Refer to 9099-D). Exit interview conducted. A copy of the appeal rights and report was reviewed and provided.
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

SUPERVISORS NAME: Kristin Heffernan	
LICENSING EVALUATOR NAME: Quoc Huynh	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/17/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 29-AS-20260617112035

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA
--	--

COMPLAINT INVESTIGATION REPORT (Cont)

BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: BE WELL SENIOR LIVING INC.
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 197607890
VISIT DATE: 06/17/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 06/18/2026 Section Cited CCR 87203	1 2 3 4 5 6 7	All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the protection of life and property against fire and panic. This requirement was not met as evidenced by:	1 2 3 4 5 6 7	The Licensee will submit an updated LIC 200 and facility sketch, and contact LAFD City for an updated fire clearance and consultation. Proof will be provided to CCLD by POC due date.
	8 9 10 11 12 13 14	Based on interviews and observations the Licensee did not comply with the above cited section in the facility's fire safety was not maintained which poses an immediate health, safety, and personal rights risk to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Kristin Heffernan	
LICENSING EVALUATOR NAME: Quoc Huynh	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/17/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/17/2026