

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608081
Report Date: 02/11/2021
Date Signed: 02/11/2021 04:34:57 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME: AVANTGARDE SENIOR LIVING OF TARZANA	FACILITY NUMBER: 197608081
ADMINISTRATOR: ERIN MAHONEY	FACILITY TYPE: 740
ADDRESS: 5645 LINDLEY AVENUE	TELEPHONE: (818) 881-0055
CITY: TARZANA	STATE: CA
CAPACITY: 138	ZIP CODE: 91356
TYPE OF VISIT: Case Management - Incident	CENSUS: 108
MET WITH: Erin Mahoney	DATE: 02/11/2021
	UNANNOUNCED TIME BEGAN: 03:00 PM
	TIME COMPLETED: 04:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Wendell Smith conducted a case management visit to this facility. Due
2	to the situation surrounding the Corona Virus Disease 2019 (COVID-19) and to implement mitigation
3	measures, today's case management visit was conducted telephonically with facility Administrator Erin
4	Mahoney.
5	
6	LPA received an incident report on 2/10/21 where resident #1 (R1) alleged that they were being hit by
7	staff in their side while lying down in bed. LPA conducted an interview with the administrator regarding
8	this incident report. R1's responsible party came to the administrator on 2/5/21 and stated that their
9	parent told them this. R1 stated that the laundry lady did this to her. After receiving the information from
10	R1's responsible person, administrator made the decision that when R1 is being assisted it would be a
11	two person assist at all times until further notice. On 2/6/21 administrator met with R1 regarding the
12	allegation. R1 stated they were hit in the back while sitting up in their bed but didn't know who did it. A
13	body check was done and there was no bruising, redness, or scratching to indicate physical abuse.
14	Administrator began interviews with approximately 18 staff members, a hospice care worker, and four
15	residents one of which who is R1's roommate. Administrator also made a report to Adult Protective
16	Services, Long Term Care Ombudsman, and the police department. Due to the need for more
17	information at this time more investigation is needed into what was alleged. Exit Interview conducted.
18	Copy of report emailed for signature.
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NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris
NAME OF LICENSING PROGRAM ANALYST: Wendell Smith

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/11/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/11/2021

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