

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 197608081  
Report Date: 11/30/2023  
Date Signed: 11/30/2023 04:33:03 PM

**Unsubstantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.ASC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/22/2023** and conducted by Evaluator Nicholas Reed

	<b>COMPLAINT CONTROL NUMBER: 31-AS-20231122143713</b>
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<b>FACILITY NAME:</b> AVANTGARDE SENIOR LIVING OF TARZANA	<b>FACILITY NUMBER:</b> 197608081
<b>ADMINISTRATOR:</b> CAROLINA GARCIA-TREJO	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 5645 LINDLEY AVENUE	<b>TELEPHONE:</b> (818) 881-0055
<b>CITY:</b> TARZANA	<b>STATE:</b> CA <b>ZIP CODE:</b> 91356
<b>CAPACITY:</b> 138	<b>CENSUS:</b> 134 <b>DATE:</b> 11/30/2023
<b>MET WITH:</b> Joyce Martinez	<b>UNANNOUNCED TIME BEGAN:</b> 11:00 AM
	<b>TIME COMPLETED:</b> 04:35 PM

**ALLEGATION(S):**

- |   |   |
|---|---|
| 1 | Residents in care sustained unexplained injuries                                  |
| 2 | Staff handled residents in care in a rough manner                                 |
| 3 | Residents in care are not provider proper medication assistance                   |
| 4 | Residents sustained rashes due to staff not meeting resident's incontinence needs |
| 5 | Staff yelled at residents in care   |
| 6 |   |
| 7 |   |
| 8 |   |
| 9 |   |

**INVESTIGATION FINDINGS:**

- |    |   |
|----|---|
| 1  | At 11:00 a.m. on 11/30/2023, Licensing Program Analyst (LPA) Nicholas Reed conducted an                       |
| 2  | unannounced complaint visit. LPA met with Staff #1 (S1) and disclosed the reason for the visit. LPA           |
| 3  | toured the facility inside and out.   |
| 4  |   |
| 5  | To investigate the allegations listed above, LPA interviewed six (06) staff members and 10% of residents,     |
| 6  | or fourteen (14) of one hundred and thirty-four (134) residents between 11:00 a.m. and 4:00 p.m.,             |
| 7  | conducted a record review of documents including but not limited to the resident list, staff list, medication |
| 8  | records, and supervision logs at 1:00 p.m., conducted a medication review at 2:30 p.m., and toured the        |
| 9  | facility at 12:00 p.m. today.   |
| 10 |   |
| 11 | Regarding the allegation "Residents in care sustained unexplained injuries" it was alleged residents have     |
| 12 | unexplained scratches and bruises. Staff interviews revealed bruises occur frequently due to poor skin        |
| 13 | integrity.  |

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Naira Margaryan  
**NAME OF LICENSING PROGRAM ANALYST:** Nicholas Reed  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 11/30/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/30/2023

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
WOODLAND HILLS S.ASC, 21731 VENTURA BLVD., STE. 250  
WOODLAND HILLS, CA 91364

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** AVANTGARDE SENIOR LIVING OF TARZANA

**FACILITY NUMBER:** 197608081

**VISIT DATE:** 11/30/2023

### NARRATIVE

- 1 Staff report all injuries to the proper parties. Residents are observed and assessed every 2 hours by  
2 staff. Resident interviews confirmed they are observed often and checked for injuries. No residents  
3 reported any unexplained injuries. Record review of the supervision log revealed staff observe residents  
4 every 2 hours. LPA did not observe any unexplained injuries on residents during this visit. Based on  
5 interviews, record review, and observations, residents have not sustained unexplained injuries.  
6 Therefore, the allegation is deemed UNSUBSTANTIATED at this time.  
7
- 8 Regarding the allegation "Staff handled residents in care in a rough manner" it was alleged staff have  
9 aggressively grabbed and pulled residents. Fourteen (14) out of fourteen (14) residents interviewed  
10 stated they have never experienced or witnessed staff handling residents in a rough manner. Six (06)  
11 out of six (06) staff interviewed stated they have not handled residents roughly nor have they seen staff  
12 handling residents in a rough manner. S1 also noted at 11:00 a.m. today that no reports have been  
13 documented of staff handling residents in a rough manner. Based on interviews, residents were not  
14 handled roughly manner by staff. Therefore, the allegation is deemed UNSUBSTANTIATED at this time.  
15
- 16 Regarding the allegation "Residents in care are not provider proper medication assistance" it was  
17 alleged residents are overmedicated or not receiving medication at all. Residents interviewed stated  
18 they receive medication assistance at the correct dosages. Staff interviewed stated they follow  
19 physician's orders to ensure medications are the correct dosages. Interview with S1 at 11:00 a.m. today  
20 revealed the facility consults with resident physicians prior to any medication changes. The medication  
21 review conducted at 2:30 p.m. today revealed three (03) out of three (03) residents' medications  
22 checked were assisted with the proper prescribed dosages. Based on interview and medication review,  
23 residents are provided proper medication assistance. Therefore, the allegation is deemed  
24 UNSUBSTANTIATED at this time.  
25
- 26 Regarding the allegation "Residents sustained rashes due to staff not meeting resident's incontinence  
27 needs" it was alleged staff do not change resident diapers in a timely manner. Resident interviews  
28 revealed their incontinence needs were met by the facility, and none experienced rashes. Six (06) out of  
29 six (06) staff interviewed confirmed that residents are checked every two hours and changed as needed.  
30 No staff reported observing any rashes on residents. Record review of resident supervision logs at 1:00  
31 p.m. today confirmed residents were observed every 2 hours and changed as needed. Based on  
32 interviews and record review, staff are meeting residents' incontinence needs. Therefore, the allegation  
is deemed UNSUBSTANTIATED at this time.

**NAME OF LICENSING PROGRAM MANAGER:** Naira Margaryan  
**NAME OF LICENSING PROGRAM ANALYST:** Nicholas Reed  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 11/30/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/30/2023

**Control Number** 31-AS-20231122143713

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.ASC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
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**FACILITY NUMBER:** 197608081

**VISIT DATE:** 11/30/2023

NARRATIVE	
1 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	<p>Regarding the allegation "Staff yelled at residents in care" it was alleged staff have yelled at residents. Residents interviewed confirmed they are not yelled at by staff, nor have they heard staff yelling at residents. Staff interviews revealed they do not yell at residents. Interview with S1 at 11:00 a.m. today revealed staff raise their voices if a resident is hard of hearing. LPA did not observe staff yelling at residents today while in the facility. Based on interviews and observations, staff do not yell at residents in care. Therefore, the allegation is deemed UNSUBSTANTIATED at this time.</p> <p>No immediate health or safety hazards observed during this visit.</p> <p>Exit interview conducted. Copy of report provided.</p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Naira Margaryan  <b>NAME OF LICENSING PROGRAM ANALYST:</b> Nicholas Reed  <b>LICENSING PROGRAM ANALYST SIGNATURE:</b></p>	<p><b>DATE:</b> 11/30/2023</p>
<p>I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.</p> <p><b>FACILITY REPRESENTATIVE SIGNATURE:</b></p>	
<p><b>DATE:</b> 11/30/2023</p>	