

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608081
Report Date: 02/13/2026
Date Signed: 02/13/2026 10:36:18 AM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/23/2025** and conducted by Evaluator Nicholas Reed

	COMPLAINT CONTROL NUMBER: 31-AS-20250723151307
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FACILITY NAME: AVANTGARDE SENIOR LIVING OF TARZANA	FACILITY NUMBER: 197608081
ADMINISTRATOR: CAROLINA GARCIA-TREJO	FACILITY TYPE: 740
ADDRESS: 5645 LINDLEY AVENUE	TELEPHONE: (818) 881-0055
CITY: TARZANA	ZIP CODE: 91356
CAPACITY: 160	DATE: 02/13/2026
MET WITH: Nancy Nicasio	UNANNOUNCED TIME BEGAN: 08:45 AM
	TIME COMPLETED: 11:00 AM

ALLEGATION(S):

1	Facility staff does not ensure resident is accommodated with choice of roommate
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INVESTIGATION FINDINGS:

1	At approximately 8:45 a.m. on 02/13/26 Licensing Program Analyst (LPA) Nicholas Reed conducted an unannounced complaint visit. LPA met with staff and disclosed the reason for the visit.
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4	Regarding the allegation "Facility staff does not ensure resident is accommodated with choice of roommate" it was alleged Resident #1 (R1) does not like their roommate, Resident #2 (R2), because they snored loudly and staff frequently checked on them which disturbed R1's sleep. The facility did not assist R1 in finding a new roommate. To investigate the allegation, LPA conducted an initial visit on 07/31/25 and toured the facility inside and out at 8:20 a.m., reviewed pertinent records at 8:30 a.m., and interviewed staff and a resident between 8:45 a.m. and 9:30 a.m. LPA conducted a subsequent visit on 02/12/26 and interviewed staff and residents between 9:00 a.m. and 12:45 p.m. and toured the facility inside and out at 9:30 a.m. Today, LPA toured the facility at 9:00 a.m. and interviewed R2 at 10:30 a.m.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Nicholas Reed
LICENSING EVALUATOR SIGNATURE:

DATE: 02/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/13/2026

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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Control Number 31-AS-20250723151307

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS S.A.S.C, 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: 02/13/2026

NARRATIVE

1 Interview with the administrator at 9:00 a.m. on 07/31/25 revealed they spoke with R1 about the issue.
2 R1 liked to watch television to ignore the snoring. When R1's headphones broke, the administrator
3 bought R1 a new pair of headphones. Interview with the wellness director at 9:00 a.m. on 02/12/26
4 revealed facility staff provided R1 incontinence care every two (02) hours at night. R1 did not like being
5 woken up by the staff, but the wellness director explained it was necessary for their health. Interview
6 with R2 revealed they and R1 had resolved any prior issues between them. Record review of R1's care
7 plan confirmed staff checked on R1 every two hours for incontinence care. Interviews with twelve (12)
8 out of thirteen (13) residents on 02/12/26, which was at least 10% of the total number of residents,
9 revealed the facility had accommodated their choice of roommates. Interview with Resident #3 (R3) at
10 11:10 a.m. on 02/12/26 revealed they were not happy with their roommate, though the administrator had
11 already addressed their concern and would soon change R3 to a new room. Based on interviews, and
12 record review, the facility appropriately accommodated residents' choice of roommates. Therefore, the
13 allegation is deemed UNSUBSTANTIATED at this time.

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15 No immediate health or safety concerns were observed during today's visit.

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17 Exit interview conducted. Copy of report provided.
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SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Nicholas Reed
LICENSING EVALUATOR SIGNATURE:

DATE: 02/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/13/2026

LIC9099 (FAS) - (06/04)

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