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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608081
Report Date: 04/24/2026
Date Signed: 04/24/2026 04:00:37 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/20/2026** and conducted by Evaluator Nicholas Reed

	COMPLAINT CONTROL NUMBER: 31-AS-20260420110317

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	**STATE:** CA		**ZIP CODE:**	91356
CAPACITY:	160	**CENSUS:** 125		**DATE:**	04/24/2026
		UNANNOUNCED		**TIME BEGAN:**	12:15 PM
MET WITH:	Alberta Cedano			**TIME COMPLETED:**	04:00 PM

ALLEGATION(S):

1	Staff illegally evicted a resident in care
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INVESTIGATION FINDINGS:

1	At approximately 12:30 p.m. on 04/24/26 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 "Staff illegally evicted a resident in care" it was alleged the Director threatened to evict Resident #1 (R1) for their frequent, voluntary hospitalizations. R1 noted that no eviction was ever issued. To investigate the allegations above, LPA conducted a file review at 9:30 a.m. on 04/21/26. Today, LPA toured the facility inside and out at 12:45 p.m., interviewed staff between 1:00 p.m. and 3:00 p.m., and conducted a record review of pertinent records, including but not limited to an admission agreement, medical assessment, care plan, and client roster at 3:15 p.m.
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11	File review revealed R1 had a history of self-hospitalization. Record review of R1's hospital discharge paperwork revealed they admitted themselves to the hospital about three (03) times this year.
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Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Nicholas Reed
LICENSING EVALUATOR SIGNATURE:
DATE: 04/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/24/2026

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

Control Number 31-AS-20260420110317

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: AVANTGARDE SENIOR LIVING OF TARZANA

FACILITY NUMBER: 197608081

VISIT DATE: 04/24/2026

NARRATIVE

No eviction letter or warnings were found in R1's file. Interview with the Director at 2:15 p.m. today revealed they never threatened to evict R1. The Director explained to R1 that eligibility for part of their funding source, the Assisted Living Waiver (ALW) program, may be at risk if R1 kept going in and out of the hospital. Interview with the Wellness Director at 1:00 p.m. today confirmed R1 was never threatened with eviction. The Wellness Director also clarified the ALW program rules with R1. Interviews with Staff #2 (S2) at 1:30 p.m. and Staff #3 (S3) at 2:30 p.m. today also confirmed no eviction or threat of eviction was ever given to R1. R1 later requested this complaint be closed without investigation. Based on interviews and record review, he facility did not evict or threaten to evict R1. Therefore, the allegation is deemed UNSUBSTANTIATED at this time.

No immediate health or safety issues observed during today's visit.

Exit interview conducted. Copy of report provided.

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Nicholas Reed
LICENSING EVALUATOR SIGNATURE:
DATE: 04/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/24/2026