

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608200
Report Date: 04/20/2026
Date Signed: 04/20/2026 01:07:14 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 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 04/10/2026 and conducted by Evaluator Raymond Comer

	COMPLAINT CONTROL NUMBER: 31-AS-20260410145838
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FACILITY NAME:	ALTA VISTA GARDENS	FACILITY NUMBER:	197608200
ADMINISTRATOR:	STACI MARMERSHTEYN	FACILITY TYPE:	740
ADDRESS:	829 NORTH ALTA VISTA BLVD.	TELEPHONE:	(323) 937-1940
CITY:	LOS ANGELES	ZIP CODE:	90046
CAPACITY:	70	DATE:	04/20/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	10:00 AM
	CENSUS: 70	TIME COMPLETED:	01:15 PM
MET WITH:	Deborah Dapson-Assistant Administrator		

ALLEGATION(S):

1	Staff mismanaged resident's funds.
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INVESTIGATION FINDINGS:

1	On 4/20/26, at 10:00 am, Licensing Program Manager (LPM) Naira Margaryan and Licensing Program
2	Analyst, Raymond Comer, arrived to conduct an intial 10-day visit regarding the allegations listed above.
3	LPM/LPA met with the Assistant Administrator, presented official CDSS badge identification, and reason
4	for the visit was disclosed.
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6	To investigate this allegation, LPM/LPA received resident and staff roster. At 10:00 am, LPM and LPA
7	spoke with the Administrator over the phone. At 10:20 am, LPM/LPA spoke with the Assistant
8	administrator, and Staff1 (S1). At 10:50 am, LPM/LPA interviewed four (4) out of twenty (20) residents
9	recieving Person and Incidental (P&I) funds. Between 11:00 am, and 11:40 am, LPA's recieved and
10	reviewed Resident#1's (R1's) Physician's report, Admission agreement, and Client personal property and
11	valuables inventory log.
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13	[LIC 9099C]-Continued

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Raymond Comer	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/20/2026

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 31-AS-20260410145838

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ALTA VISTA GARDENS	FACILITY NUMBER: 197608200
	VISIT DATE: 04/20/2026

NARRATIVE	
1	Allegation: It was alleged that there were unknown transactions made on R1's EBT card. The Administrator verified using only \$500.00 for R1's additional expenses. LPM/LPA interview with Administrator, and Staff#1 (S1) revealed the following: In March 2026, using R1's EBT card, staff made three (3) ATM withdrawals totaling 500.00 for the purchase of cigarette and soft drinks for R1's use. LPM/LPA interviews with four (4) out of twenty (20) residents receiving P&I funds stated the following: All four (4) residents interviewed stated that they receive P&I funds on a monthly basis and have no issues regarding financial assistance by staff. LPM/LPA review of documents revealed the following: R1's client/resident property and valuables inventory log omits receipt of R1's EBT card and record of withdrawal transactions made by staff on R1's behalf. Based on records review and interviews with Administrator, Staff, and Residents, facility staff failed to document withdrawals made from R1's EBT card, the allegation is substantiated. issued. No health and safety issues noted at the time of this visit. Exit interview conducted, deficiency issued, and copy of the report was provided.
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LIC9099 (FAS) - (06/04) Page: 3 of 3
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COMPLAINT INVESTIGATION REPORT (Cont)

STE. 250
WOODLAND HILLS, CA 91364

FACILITY NAME: ALTA VISTA GARDENS

FACILITY NUMBER: 197608200

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/20/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 04/30/2026 Section Cited CCR 87217(by)	1 2 3 4 5 6 7	87217(b) Safeguard of resident cash, personal property and valuables: Every facility shall take appropriate measures to safeguard residents' cash resources, person property and valuables...entrusted to the licensee...This requirement was not met as evidenced by.	1 2 3 4 5 6 7	The administrator shall provide written plan of action explaining the steps they are going to take to ensure that residents' finances and/or personal belongings are safeguarded and documented as required. Documents made by submitted by POC date
	8 9 10 11 12 13 14	Based on overall investigation, the licensee mismanaged R1's fiances by failure to appropriately handle the EBT card while in facility's possession. This posses a potential health, safety and personal risk to residents in care.	8 9 10 11 12 13 14	
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	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.

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