

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608267
Report Date: 08/26/2026
Date Signed: 08/26/2026 04:27:32 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 08/11/2026 and conducted by Evaluator Perchui Khurshudyan

	COMPLAINT CONTROL NUMBER: 31-AS-20260811224400
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FACILITY NAME: CEDARS ASSISTED LIVING, THE	FACILITY NUMBER: 197608267
ADMINISTRATOR:STEPAN SARMAZIAN	FACILITY TYPE: 740
ADDRESS: 17300 ROSCOE BLVD.	TELEPHONE: (818) 344-2042
CITY: NORTHRIDGE	ZIP CODE: 91325
CAPACITY: 175	DATE: 08/26/2026
	UNANNOUNCEDTIME BEGAN: 09:42 AM
MET WITH: Administrator Stephan Sarmazian	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Facility is in disrepair.
2	Staff did not maintain facility at a comfortable temperature for residents.
3	Staff did not ensure that the resident's room was maintained free of malodors.
4	Staff did not ensure that the resident's bathroom was maintained in a clean condition.
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INVESTIGATION FINDINGS:

1	On 8/26/26, Licensing Program Analyst (LPA) Perchui Milena Khurshudyan conducted subsequent
2	complaint visit to investigate the allegations and to deliver the final report. Upon arrival, LPA met with
3	facility Administrator Stephan Sarmazian and explained the reason for the visit.
4	
5	During today's visit, LPA Khurshudyan conducted physical plant tour to ensure health and safety of the
6	residents are protected and the facility is in compliance with Title 22 Regulations. Between 11:40am to
7	12:30pm, LPA conducted interviews with ten (10) residents residing in the facility, three (3) staff
8	members, and the Administrator.
9	
10	During the initial complaint visit conducted by LPA Antonia Alvizar-Ettima on 08/12/26, LPA requested
11	and received copies of the facility resident and staff rosters. At approximately 11:40a.m., LPA and
12	Administrator conducted a physical plant inspection.
13	Continue on LIC9099-C

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Nichelle Gillyard	
LICENSING EVALUATOR NAME: Perchui Khurshudyan	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/26/2026

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 4
Control Number 31-AS-20260811224400

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 (Cont)	

FACILITY NAME: CEDARS ASSISTED LIVING, THE	FACILITY NUMBER: 197608267
	VISIT DATE: 08/26/2026

NARRATIVE	
1	Allegation: Facility is in disrepair.
2	
3	Licensing Program Analyst (LPA) Khurshudyan conducted a complaint investigation regarding the
4	allegation listed above. During the investigation, LPA conducted interviews with the Administrator, Staff,
5	and Residents, and inspected the facility including the 1st and 2nd floor memory care areas. During the
6	physical plant inspection, LPA observed areas of the facility requiring cleaning, repair, and /or
7	maintenance including dirty walls and floors within the dementia Memory Care Unit. Interviews and
8	observations supported concerns that the facility had not been consistently maintained in a clean, safe,
9	and good state of repair. During the inspection, LPA observed that rooms 115 and 117 are currently
10	under construction and was informed that the facility is undergoing a repair plan; however, the estimated
11	completion time is approximately one year. Based on interviews conducted and LPA's observations
12	there is sufficient information and evidence to support the allegation. Therefore, the allegation that the
13	facility is in disrepair is substantiated.
14	
15	Allegation: Staff did not maintain facility at a comfortable temperature for residents.
16	
17	Licensing Program Analyst (LPA) Khurshudyan conducted a complaint investigation regarding the
18	allegation listed above. The reporting party alleged that several rooms in the 1st and 2nd floor memory
19	care units including rooms 109, 115, 125, and 226 were excessively hot and that residents reported
20	feeling hot while lying in bed. During the investigation, LPA conducted interviews with the Administrator,
21	Staff, Residents, and measured temperatures in resident rooms and common areas. LPA's observations
22	and / or temperature readings revealed that portions of the facility were maintained at an uncomfortably
23	warm temperature. Resident interviews also corroborated concerns regarding excessive heat in their
24	rooms. The facility was unable to demonstrate that comfortable temperatures were consistently
25	maintained for residents during the period of 8/1/26 to 8/20/26. During the visit, LPA Khurshudyan
26	observed that part of the facility does not have a central air conditioning system, and portable/mini-AC
27	units are installed on the walls in the hallways and inside residents' rooms. LPA checked the
28	temperature inside the random residents' rooms, which measured between 68°F and 70°F, a
29	comfortable range. However, residents interviewed confirmed that past couple of weeks they have
30	experienced hot temperature inside their rooms and the AC units were not working properly. Although,
31	the hallway AC unit displayed a temperature of 62°F, LPA noted that it was not blowing cold air, and the
32	hallway temperature was hot and uncomfortable. Based on interviews and LPA's observations, there is
	sufficient evidence to support the allegation. Therefore, the allegation that staff did not maintain facility at
	a comfortable temperature for residents is substantiated. Continue on LIC9099-C

SUPERVISORS NAME: Nichelle Gillyard	
LICENSING EVALUATOR NAME: Perchui Khurshudyan	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/26/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/26/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** CEDARS ASSISTED LIVING, THE**FACILITY NUMBER:** 197608267**VISIT DATE:** 08/26/2026**NARRATIVE**

1	Allegation: Staff did not ensure that the resident's room was maintained free of malodors.
2	
3	Licensing Program Analyst (LPA) Khurshudyan conducted a complaint investigation regarding the
4	allegation listed above. The Reporting Party alleged that a strong urine odor was present in resident
5	room 109 during the investigation. LPA conducted interviews with the Administrator, Staff, Residents,
6	and inspected resident room 109 and surrounding areas. LPA detected a strong urine and/or malodor in
7	the resident's room and surrounding areas. An interview with the Administrator revealed that there are
8	plumbing issues in room 109 that are causing the odor. The Administrator also confirmed that the odor
9	from the resident's room had been addressed through routine cleaning and odor-control procedures;
10	however, the plumbing still requires repair, and the flooring needs replacement, which is included in the
11	facility's remodeling plan. Based on interviews conducted and LPA's observations, there is sufficient
12	evidence to support the allegation. Therefore, the allegation that staff did not ensure that the residence
13	room was maintained free of malodors is Substantiated.
14	
15	Allegation: Staff did not ensure that the resident's bathroom was maintained in a clean
16	condition.
17	
18	Licensing Program Analyst (LPA) Khurshudyan conducted a complaint investigation regarding the
19	allegations listed above. The Reporting Party alleged that fecal matter and a strong odor was observed
20	in the bathroom associated with room 115. During the investigation, LPA conducted interviews with the
21	Administrator, Staff, and Residents, and inspected room 115. LPA observed that room 115 is currently
22	under construction and remodeling. An interview with the Administrator confirmed that visible fecal
23	matter and/or soiled areas had previously been present in the resident's room. Based on interviews
24	conducted and LPA's observations there is sufficient evidence to support the allegation. Therefore, the
25	allegation that staff did not ensure that the resident's bathroom was maintained in a clean condition is
26	Substantiated.
27	
28	Deficiencies were issued and recorded on LIC9099D.
29	
30	Exit interview conducted. Report signed and delivered. Appeal rights delivered.
31	
32	

SUPERVISORS NAME: Nichelle Gillyard**LICENSING EVALUATOR NAME:** Perchui Khurshudyan**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/26/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/26/2026

LIC9099 (FAS) - (06/04)

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Control Number 31-AS-20260811224400**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** CEDARS ASSISTED LIVING, THE**FACILITY NUMBER:** 197608267**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 08/26/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/04/2026 Section Cited	1 Maintenance and Operation(a)facility 2 shall be clean, safe, sanitary and in 3 good repair at all times[...] 4 for...residents, employees and visitors	1 The Administrator shall submit 2 documentation of repair and the 3 corrective measures taken to CCL by 4 POC due date.

CCR 87303(a)(1)	5 6 7	(1)Floor surfaces [...] shall be maintained in a clean, sanitary, and odorless condition. This requirement is not met as evidenced by:	5 6 7	
	8 9 10 11 12 13 14	Based on inspection and observation the Licensee did not ensure that the facility is safe and sanitary and LPA observed evidence of disrepair and malodors in resident bedrooms. This poses apotential health, safety risk and personal rights violation to residents in care.	8 9 10 11 12 13 14	
Type B 09/04/2026 Section Cited CCR 87303(b)(2)	1 2 3 4 5 6 7	Maintenance and Operation(b)A comfortable temperature for residents shall be maintained at all times(2)The facility shall cool rooms to a comfortable range[...] This requirement is not met as evidenced by:	1 2 3 4 5 6 7	The Administrator shall submit proof of repair of AC unit and the corrective measures taken to CCL by POC due date.
	8 9 10 11 12 13 14	Based on inspection and observation the Licensee did not ensure that the facility has proper operating AC unit and is in comfortable range of temperature, This poses apotential health, safety risk and personal rights violation to residents in care.	8 9 10 11 12 13 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Nichelle Gillyard LICENSING EVALUATOR NAME: Perchui Khurshudyan LICENSING EVALUATOR SIGNATURE:		DATE: 08/26/2026
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