

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608466

Report Date: 06/15/2021

Date Signed: 06/15/2021 01:28:57 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT			
FACILITY NAME: BELMONT VILLAGE ENCINO		FACILITY NUMBER:	197608466
ADMINISTRATOR: DRACHENBERG, CYNTIA		FACILITY TYPE:	740
ADDRESS: 15451 VENTURA BLVD		TELEPHONE:	(818) 788-8870
CITY: SHERMAN OAKS	STATE: CA	ZIP CODE:	91403
CAPACITY: 150	CENSUS: 107	DATE:	06/15/2021
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED	TIME BEGAN:	08:30 AM
MET WITH: Cyntia Drachenberg		TIME COMPLETED:	01:30 PM
NARRATIVE			
1	Licensing Program Analysts (LPAs) Sandra Urena and Ashley Morgan conducted a case management		
2	visit today to issue the final report regarding an investigation. The LPAs met with Administrator Cyntia		
3	Drachenberg and explained the reason for the visit.		
4			
5	On 09/28/2020, LPA Eva Miller reviewed a voicemail message that was received on Friday, 9/25/20 at		
6	9:14 a.m. from Administrator Cyntia Drachenberg, as LPA Miller was off-duty on 9/25/2020. Per the		
7	voicemail message, on 9/24/2020 at approximately 4:15pm, staff #2 (S2) stabbed staff #1 (S1) in the		
8	back with a knife several times, while in the facility kitchen. 9-1-1 was called, and the paramedics (EMS)		
9	and Law Enforcement arrived. S1 was transported to the hospital with 5 to 6 stab wounds in the back.		
10	S1 expired shortly after arriving at the hospital for severe injuries to the heart and lungs. S2 was		
11	arrested by the Los Angeles Police Department (LAPD), and taken into custody.		
12			
13	On 9/28/2020, LPA Miller conducted a phone interview with the Administrator to obtain detailed		
14	information regarding the incident and to determine if there were any health and safety concerns. The		
15	LPA also requested that an incident report be submitted, which was received the same day.		
16	Furthermore, on 9/28/2020, the Department referred this case to the Investigations Branch (IB) for		
17	investigation and on 09/29/2020, (IB) Investigator, Lorraine Patterson, Badge #114, was assigned to		
18	investigate the incident. On 9/30/2020 at approximately 3:05 p.m., IB Investigator Patterson obtained		
19	and reviewed the criminal history for S2. In addition, on 9/30/2020, Investigator Patterson also		
20	requested a copy of LAPD's report.		
21			
22	On 10/05/2020 at 2:15 p.m., LPA Miller initiated a follow-up health and safety check and discussion with		
23	the Administrator. The Administrator who confirmed that no residents were involved and that there was		
24	an active Police Investigation. Per the Administrator, S1 had never interacted with residents in care the		
25	entire 10 years of S1's employment at the facility, as S1 was a cook. S1 spoke little English and		
	basically just stayed in the kitchen. S2 had only been working at the facility for about 3 weeks as a		
	dishwasher.		
NAME OF LICENSING PROGRAM MANAGER: Jeralyn Ann Pfannenstiel			
NAME OF LICENSING PROGRAM ANALYST: Sandra Urena			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/15/2021

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 21731 VENTURA BLVD.
#250
WOODLAND HILLS, CA 91364

FACILITY NAME: BELMONT VILLAGE ENCINO

FACILITY NUMBER: 197608466

VISIT DATE: 06/15/2021

NARRATIVE

- 1 Though the residents and/or their responsible persons had been properly notified of the incident, there
- 2 have been no reports of any issues with or by the residents. All residents were safe. Counselors were
- 3 brought in and were available to staff and residents all weekend.
- 4
- 5 On 11/5/2020, the LAPD report was received by Investigator Patterson. On 11/5/2020 at approximately
- 6 8:51 a.m., Investigator Patterson interviewed the lead detective assigned to this case from the LAPD
- 7 Valley Bureau, Homicide Division. On 11/6/2020 at 11:40 a.m., Investigator Patterson interviewed the
- 8 administrator, Cyntia Drachenberg. In addition, as part of the investigation, the investigator reviewed the
- 9 LAPD Investigative Report, the incident report, along with the facility file. The interview with the
- 10 Detective revealed that S2 thought that S1 was talking about S2; further, S2 admitted that S2 stabbed
- 11 S1 at the facility with a knife, which resulted in S1 dying. The Detective reported that the homicide
- 12 investigation is complete. S2 is in custody, and LA District Attorney's Office has filed murder charges
- 13 against S2.
- 14
- 15 Based on the interviews with the Administrator and the LAPD detective, the investigatory leads, records,
- 16 and information obtained and reviewed, Investigator Patterson found that there is enough
- 17 preponderance of evidence to prove Conduct Inimical on behalf of S2; however, there was no evidence
- 18 to suggest that the facility staff and/or facility administration were involved with, had knowledge of or
- 19 could have prevented S2's behavior, given the circumstances.
- 20
- 21 No deficiencies cited. Exit interview conducted. Signatures obtained. A copy of the report was issued.
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NAME OF LICENSING PROGRAM MANAGER: Jeralyn Ann Pfannenstiel

NAME OF LICENSING PROGRAM ANALYST: Sandra Urena

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/15/2021

LIC809 (FAS) - (06/04)

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