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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608506
Report Date: 06/27/2026
Date Signed: 06/29/2026 05:31:36 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES** **COMMUNITY CARE LICENSING DIVISION** **CCLD Regional Office, 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 **12/23/2025** and conducted by Evaluator Tihesha Smith

	COMPLAINT CONTROL NUMBER: 31-AS-20251223142812

FACILITY NAME:	GLEN PARK AT GLENDALE - MARIPOSA ST			**FACILITY NUMBER:**	197608506
ADMINISTRATOR:	SUSAN PARK			**FACILITY TYPE:**	740
ADDRESS:	1220 S MARIPOSA ST			**TELEPHONE:**	(818) 242-9000
CITY:	GLENDALE	**STATE:** CA		**ZIP CODE:**	91205
CAPACITY:	120	**CENSUS:** 90		**DATE:**	06/27/2026
		UNANNOUNCED		**TIME BEGAN:**	11:05 AM
MET WITH:	Susan Park, Administrator			**TIME COMPLETED:**	04:40 PM

ALLEGATION(S):

1	Staff failed to assist the resident in obtaining medical care
2	Staff failed to safeguard the residents' confidential information
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Tihesha Smith conducted an unannounced complaint visit this facility to
2	investigate the above allegations. LPA Smith was greeted by staff and disclosed the purpose of the visit.
3	
4	Staff failed to assist the resident in obtaining medical care
5	Staff failed to safeguard the residents' confidential information
6	
7	It was alleged that staff would not contact Resident #1's (R1) preferred medical assistant and that staff
8	disclosed R1's health information to another staff member. On 09/30/25, LPA Smith interviewed two (2)
9	staff from 9:40 a.m. to 9:55 a.m. and reviewed the personnel report and client register. Staff #1 (S1)
10	reported that R1 complained of a persistent cough,feeling nervous and weak, experiencing altered
11	perceptions, and referenced a pre-existing health condition.
12	
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Tihesha Smith
LICENSING EVALUATOR SIGNATURE:
DATE: 06/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/27/2026

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

Control Number 31-AS-20251223142812

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: GLEN PARK AT GLENDALE - MARIPOSA ST

FACILITY NUMBER: 197608506

VISIT DATE: 06/27/2026

NARRATIVE

(cont from 9099)

S1 confirmed R1's vital signs were stable and no distress was observed. S1 stated R1's primary care physician was contacted because R1 was not at their baseline, and the physician recommended transfer to urgent care, after which staff arranged transportation. S1 also stated the assistant administrator informed the administrator of R1's condition and reason for transport and informed EMT personnel. R1 disagreed with staff sharing their information with EMT personnel conflicting but confirmed staff did provide transport to the hospital and issue has already been settled with staff. Interviews with ten (10) of (10) residents revealed that staff assist with medical needs when required. Seven residents reported no concerns regarding privacy breaches and two residents did not provide answer. Administrator confirmed that EMT personnel must obtain resident information such as reason for transport, allergies, and current condition before transport. Based on interviews obtain during the investigation, there is insufficient evidence to support the allegations. therefore, the above allegations are unsubstantiated at this time.

No hazards observed at time of visit

Exit interview conducted/ copy of report given

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Tihesha Smith
LICENSING EVALUATOR SIGNATURE:
DATE: 06/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/27/2026