

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608711
Report Date: 03/28/2026
Date Signed: 03/28/2026 04:12:09 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **09/26/2025** and conducted by Evaluator Tihesha Smith

	COMPLAINT CONTROL NUMBER: 31-AS-20250926142952
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FACILITY NAME: FOOTHILL RETIREMENT CARE HOME		FACILITY NUMBER: 197608711
ADMINISTRATOR: CABRERA, MARIA		FACILITY TYPE: 740
ADDRESS: 6720 SAINT ESTEBAN STREET		TELEPHONE: (818) 353-3350
CITY: TUJUNGA	STATE: CA	ZIP CODE: 91042
CAPACITY: 0	CENSUS: 61	DATE: 03/28/2026
	UNANNOUNCED	TIME BEGAN: 09:30 AM
MET WITH: Nicholas Juarez, Asst Administrator		TIME COMPLETED: 04:20 PM

ALLEGATION(S):

1	Resident sustained unexplained injuries while in care
2	Resident developed multiple infections due to insufficient care being provided
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Tihesha Smith made an unannounced subsequent complaint visit to deliver findings. LPA Smith was greeted by staff. The asst administrator was contacted and arrived later.
2	LPA Smith disclosed the purpose of the visit.
3	Resident sustained unexplained injuries while in care
4	Resident developed multiple infections due to insufficient care being provided
5	
6	
7	It was alleged that wounds on the right arm and right toe were observed on Resident #1's (R1) body by other parties and that the consumer had repeat cases of a UTI due to staff not providing sufficient care.
8	To investigate the allegation on 10/01/25, LPA Smith interviewed two (2) staff at 2:40 pm and requested
9	facility records relevant to the investigation. During today's visit LPA conducted physical plant tour and
10	observed staff providing attentive and appropriate care to residents such as calmly answering questions,
11	interacting during chorus activity, responding to call alert system and serving lunch. Residents were
12	observed to be clean and groomed. Review of R1 2024 skilled nursing admission and assessment,
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Tiresha Smith	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/28/2026

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 2
Control Number 31-AS-20250926142952

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: FOOTHILL RETIREMENT CARE HOME	FACILITY NUMBER: 197608711
	VISIT DATE: 03/28/2026

NARRATIVE	
1	(Cont from 9099)
2	
3	revealed resident had history/or treated for UTI infection, with other health issues including but not
4	limited to muscle weakness with atrophy hemiplegia and hemiparesis affecting right dominant side. R1
5	skin assessment and nurse notes date from 6/12/25 – 09/12/25 reveal small skin tear elbow area, rash,
6	pain in foot noted including notes that interested parties contacted. Per incident report dated 10/21/25
7	R1 transferred to hospital to prevent complications from cut on toe and expired while still under hospital
8	care on 10/20/25. Interview with interested party confirmed R1 was transferred from facility around
9	September 2025 and did not return to facility but unable to provide additional information.
10	
11	Interviews with six (6) of (6) six residents revealed they haven't sustained any unexplained injuries or
12	developed any infections at the facility. All residents interviewed stated staff are really nice, attentive,
13	receive adequate care and have no concerns regarding the allegations. Interviews with five (5) of six (6)
14	staff indicated they have been recently hired under new management and/or have no knowledge of R1
15	having aforementioned injuries and infections. One (1) of six (6) staff revealed R1 had been admitted to
16	hospital due to declining health but doesn't recall any relevant information. All staff interviewed stated
17	they consistently provide residents with timely and attentive care and supervision, and they have not
18	observed any mistreatment, carelessness, or neglect by other staff who are providing care to residents.
19	
20	Based on the information obtained during the course of this investigation, there is insufficient evidence
21	to support the above allegations. Although the allegations may have happened or is valid, there is not
22	preponderance of evidence to prove the alleged violation did or did not occur. Therefore, the allegations
23	are deemed UNSUBSTANTIATED at this time.
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25	No hazards observed at time of visit.
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27	Exit interview conducted/Copy of report given.
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SUPERVISORS NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Tiresha Smith	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/28/2026
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