

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608998

Report Date: 12/23/2025

Date Signed: 12/23/2025 07:09:12 PM

Unsubstantiated

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 **11/26/2024** and conducted by Evaluator Perchui Khurshudyan

	COMPLAINT CONTROL NUMBER: 31-AS-20241126090947
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FACILITY NAME: CANYON TRAILS AT TOPANGA SENIOR LIVING	FACILITY NUMBER: 197608998
ADMINISTRATOR: SUSAN WEISBARTH	FACILITY TYPE: 740
ADDRESS: 7945 TOPANGA CANYON BLVD	TELEPHONE: (818) 716-9900
CITY: CANOGA PARK	STATE: CA ZIP CODE: 91304
CAPACITY: 120	CENSUS: 102 DATE: 12/23/2025
MET WITH: Ashley Hernandez - Concierge	UNANNOUNCED TIME BEGAN: 05:45 PM
	TIME COMPLETED: 06:45 PM

ALLEGATION(S):

1	Staff do not ensure the facility is free of foul odors.
2	Staff do not ensure the food being served is of good quality.
3	Staff do not ensure resident's personal belongings are safeguarded.
4	Staff restricted resident's access to resident's personal grooming items without authorization.
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INVESTIGATION FINDINGS:

1	On 12/23/25 at approximately 5:45pm, Licensing Program Analyst (LPA) Perchui Milena Khurshudyan conducted a subsequent visit to deliver final findings. LPA met with Ashley Hernandez – concierge staff and explained the reason for the visit.
2	
3	
4	During the initial visit made on 11/27/2024, by LPAs Panushkina and Khurshudyan interviews and record reviews were made. At 9:45am, LPAs request resident and staff rosters, nine (9) residents files from
5	Generation unit and Assisted Living unit. LPAs also requested copies of Admission Agreement, Appraisal
6	Needs and Services, Physician Report, Unusual Incident Reports, MAR's, Financial folder and pertinent
7	documents relevant to the investigation. LPAs with the help of ALD Ms. Solorzano conducted a physical
8	plant tour between 10:30am to 11:35am including the Generation Unit to ensure health and safety of the
9	residents are protected. No health and safety hazards noted during the visit. Between 1:15pm – 2:30pm
10	LPA Khurshudyan interviewed the Executive Director, Assisted Living Director, four (4) staff members and
11	seven (7) out of nine (9) residents who were able to communicate.
12	
13	Continue on LIC9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Perchui Khurshudyan
LICENSING EVALUATOR SIGNATURE:

DATE: 12/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/22/2025

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

LIC9099 (FAS) - (06/04)

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Control Number 31-AS-20241126090947

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: CANYON TRAILS AT TOPANGA SENIOR LIVING

FACILITY NUMBER: 197608998

VISIT DATE: 12/23/2025

NARRATIVE

1 During today's visit, LPAs requested resident /staff rosters, and conducted a physical plant tour, to
2 ensure health and safety of the residents are protected and physical plant is in compliance with Title 22
3 Regulations. No health and safety hazards were noted during the visit.

4
5 *Allegation: Staff do not ensure the facility is free of foul odors.*

6
7 It was alleged that the facility hallway smells of urine and feces. To investigate the allegation, LPA toured
8 the Assisted Living (AL) and Memory Care (MC) hallways, common areas, and residents' rooms. During
9 the tour LPA did not observe strong or persistent odors of urine/feces. Interviews were conducted with
10 nine (9) residents residing in the MC and AL, the Executive Director, Memory Care Director, and six (6)
11 Staff/Caregivers. The majority of residents described the facility as generally clean and odor free.
12 Residents who were able to communicate stated that the housekeepers do daily light cleaning and
13 weekly deep cleaning to their rooms. LPA checked random residents' rooms and observed trash bins to
14 be empty, and no soiled diapers were present inside residents' rooms. Interviews with staff members
15 stated that occasional short-lived odors may happen and described procedures for promptly cleaning
16 incontinence related incidents happening in common areas and removing soiled linens and trash. All
17 interviewees denied ongoing odor concerns and confirmed that hallways and common areas are
18 cleaned and sprayed daily. Based on observations and interviews, the allegation that staff do not ensure
19 the facility is free of foul odors is Unsubstantiated.

20
21 *Allegation: Staff do not ensure the food being served is of good quality.*

22
23 It was alleged that the Staff do not ensure the food being served is of good quality. To investigate the
24 allegation, LPA interviewed nine (9) residents residing in the MC and AL, the Executive Director, Memory
25 Care Director, the Chef and six (6) Staff/Caregivers. LPA observed the meal service and reviewed the
26 facility's description of menu planning and substitutions. Residents interviewed regarding meal quality,
27 variety, and whether they were regularly served poor quality food. Residents confirmed that meals are
28 acceptable and varied. Residents also stated that there is always alternative food for each mealtime and
29 added that variety of sandwiches are always available as a substitute for the main meal. Interviews with
30 staff members stated sandwiches are served at times as part of meal options when residents refuse the
31 main meal.

32
Continue on LIC9099-C

SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Perchui Khurshudyan
LICENSING EVALUATOR SIGNATURE:

DATE: 12/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/23/2025

LIC9099 (FAS) - (06/04)

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Control Number 31-AS-20241126090947

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** CANYON TRAILS AT TOPANGA SENIOR
LIVING**FACILITY NUMBER:** 197608998**VISIT DATE:** 12/23/2025**NARRATIVE**

1 Interview with the Chef and review of weekly meal menu also confirmed that facility provides variety of
2 good quality and nutritious food to all residents in care and they always have alternative food including
3 deli sandwiches. Chef also added that the facility menu is being prepared, verified, and confirmed by the
4 chef and the nutritionist. During the visit, the LPA observed residents being served lunch and did not
5 notice any concerns regarding food quality. The meal provided appeared appropriate and well-prepared,
6 and the LPA did not observe residents being served only sandwiches or any indication of poor-quality
7 food. Based on observations and interviews, the allegation that staff do not ensure food served is of
8 good quality is Unsubstantiated.

9
10 *Allegation: Staff do not ensure resident's personal belongings are safeguarded.*

11
12 It was alleged that staff do not ensure residents' personal belongings are properly safeguarded. To
13 investigate this concern, the LPA interviewed nine residents from the Memory Care (MC) and Assisted
14 Living (AL) units, as well as the Executive Director, Memory Care Director, and six staff members,
15 including laundry staff. Laundry staff explained their process for collecting, sorting, washing, drying, and
16 returning clothing, noting that each resident follows an individual laundry schedule and that all loads are
17 washed separately. They also stated that residents' clothing is labeled with their names to prevent items
18 from being misplaced. Residents interviewed reported that they have not experienced missing clothing
19 after laundry service. Some residents mentioned that clean clothes are occasionally returned in bags,
20 but staff later organize them in the closets. During room checks, the LPA observed only unwashed
21 clothing in laundry baskets and did not find clean clothing stored in bags. Staff further explained that
22 some Memory Care residents place their own clothes into bags because they believe they are preparing
23 to leave the facility. All staff denied leaving clean clothing in bags for a long period of time after washing
24 and stated that residents sometimes misplace their own items in different drawers or forget where they
25 placed them. Staff also noted that residents, mainly residing in Assisted Living, occasionally give
26 clothing to one another and later report the items missing. Interview with the Executive Director revealed
27 that the facility conducted an internal investigation regarding a missing ring. Staff were interviewed and
28 relevant areas were checked; however, no witness reported seeing or hearing anyone take the ring. The
29 investigation did not reveal any suspicious behavior or evidence indicating how or when the ring went
30 missing. Based on the observation and information gathered, the LPA did not obtain evidence that staff
31 failed to safeguard residents' belongings or that facility practices resulted in lost personal property.
32 Therefore, the allegation is Unsubstantiated.

Continue on LIC9099-C

SUPERVISORS NAME: Nichelle Gillyard**LICENSING EVALUATOR NAME:** Perchui Khurshudyan**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/23/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 12/23/2025

LIC9099 (FAS) - (06/04)

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Control Number 31-AS-20241126090947**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** CANYON TRAILS AT TOPANGA SENIOR
LIVING**FACILITY NUMBER:** 197608998**VISIT DATE:** 12/23/2025**NARRATIVE**

1 *Allegation: Staff restricted resident's access to resident's personal grooming items without authorization.*
2
3

4 It was alleged that staff restricted a resident's access to personal grooming items without authorization.
5 To investigate this concern, the LPA interviewed nine residents from the Memory Care (MC) and
6 Assisted Living (AL) units, as well as the Executive Director, Memory Care Director, and six staff
7 members. Staff explained that certain toiletry items may be secured based on individual resident needs
8 —such as cognitive impairment or required supervision—and that items are provided during ADL care to
9 ensure residents receive appropriate oral hygiene and grooming support. Staff also noted that all
10 bathroom cabinets in the MC unit are kept locked to protect residents' health and safety, as some
11 residents may wander into others' rooms. Residents interviewed reported that staff assist them with
12 hygiene and always provide necessary items. During room checks in the MC unit, the LPA observed that
13 bathroom cabinets were locked, and no hygiene or potentially unsafe items were accessible without
14 supervision. Based on these observations and interviews, the LPA determined that the facility
15 safeguards residents' health and safety by securing bathroom cabinets in the Memory Care unit;
16 therefore, the allegation is Unsubstantiated.

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18 No Deficiency cited during today's visit.

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20 Exit interview conducted and a copy of this report signed and delivered.

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LICENSING EVALUATOR NAME: Perchui Khurshudyan
LICENSING EVALUATOR SIGNATURE: **DATE:** 12/23/2025

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