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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608998
Report Date: 07/06/2026
Date Signed: 07/06/2026 09:44:59 PM

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 **04/06/2026** and conducted by Evaluator Tihesha Smith

	COMPLAINT CONTROL NUMBER: 31-AS-20260406130652

FACILITY NAME:	CANYON TRAILS AT TOPANGA SENIOR LIVING			**FACILITY NUMBER:**	197608998
ADMINISTRATOR:	BONILLA, PETER			**FACILITY TYPE:**	740
ADDRESS:	7945 TOPANGA CANYON BLVD			**TELEPHONE:**	(818) 716-9900
CITY:	CANOGA PARK	**STATE:** CA		**ZIP CODE:**	91304
CAPACITY:	120	**CENSUS:** 112		**DATE:**	07/06/2026
		UNANNOUNCED		**TIME BEGAN:**	10:20 AM
MET WITH:	Peter Bonilla, Executive Director			**TIME COMPLETED:**	03:30 PM

ALLEGATION(S):

1	Staff did not provide proper supervision to residents in care
2	Facility is not equipped with sufficient hygiene supplies to meet the needs of residents in care
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INVESTIGATION FINDINGS:

1	Licesning Program Analyst (LPA) Tihesha Smith made an unannounced complaint visit to this facility. LPA
2	Smith was greeted by staff and disclosed the reason for the visit.
3	
4	Staff did not provide proper supervision to residents in care
5	It was alleged that due to staff not providing proper supervision to memory care residents the residents
6	are being found in the assisted living areas of the facility to include the patio areas. To investigate the
7	allegation, on 04/15/26LPA Smith toured the facility with the Executive Director at approximately 10:25
8	a.m. From 12:00 p.m. to 3:00 p.m., LPA Smith interviewed six (6) staff members and three (3) residents
9	and inspected seven (7) randomly selected resident rooms. Throughout the visit, LPA Smith also
10	requested documents relevant to the investigation, including but not limited to the personnel report,
11	resident roster, and hygiene invoices. During several visits to the facility, LPA Smith did not hear any door
12	alarms sounding and did not observe any residents wandering, pushing on exit doors, or attempting to
13	leave the memory care unit. Interviews with random staff assigned to the memory care unit revealed that
	no resident had been

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Tihesha Smith
LICENSING EVALUATOR SIGNATURE:
DATE: 07/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/06/2026

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

Control Number 31-AS-20260406130652

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMPLAINT INVESTIGATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364

FACILITY NAME: CANYON TRAILS AT TOPANGA SENIOR LIVING **FACILITY NUMBER:** 197608998

VISIT DATE: 07/06/2026

NARRATIVE

(Cont from 9099) found outside the secured area without supervision. All staff interviewed revealed all staff provide adequate supervision and more including encouraging memory care residents to participate in social activities, and the majority do participate; those who do not typically have visitors present or receive frequent staff checks. LPA Smith also observed memory care residents visiting with family in the patio area and resident assistants conducting routine room checks. Interviews with seven (7) residents on the assisted living side indicated they had not seen any memory care residents wandering in areas where they did not reside. Based on observations and interviews there is not enough information to verify the allegation. Therefore, the allegation is UNSUBSTANTIATED at this time.
Regarding the allegation: **Facility is not equipped with sufficient hygiene supplies to meet the needs of residents in care.**

It was alleged that due to insufficient incontinent supplies staff are using a wash and bathroom tissue when providing incontinent care. LPA Smith reviewed three (3) Mckesson Supply invoices dated February 3, 2026, March 3, 2026, and March 18, 2026, each invoice showed orders of one (1) to two (2) cases of wipes and/or gloves. During the visit, LPA Smith observed incontinence supplies in the stockroom, including wipes, gloves, and diapers, and random resident rooms also contained gloves, wipes, and diapers readily available for use. All staff interviewed denied using bathroom tissue or washcloths on residents when providing incontinence care. Four (4) resident assistants stated that staff are required to follow each resident's care plan and use the proper items as trained, including some residents have sensitive skin or allergies to certain ingredients and can use only approved supplies for incontinence care. All residents interviewed reported no concerns related to the allegation and stated that staff have not used bathroom tissue on them during incontinence care. Based on records review, observations and interviews there is not enough information to verify the allegation. Therefore, the allegation is 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: 07/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/06/2026