

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609005

Report Date: 01/27/2026

Date Signed: 01/27/2026 10:41:09 AM

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 **07/08/2025** and conducted by Evaluator Antonia Alvizar-Ettima

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20250708134009
---------------	---

FACILITY NAME: GLEN TERRA ASSISTED LIVING	FACILITY NUMBER: 197609005
ADMINISTRATOR: RECORDS, TERRY	FACILITY TYPE: 740
ADDRESS: 917 N LOUISE STREET	TELEPHONE: (818) 291-1918
CITY: GLENDALE	ZIP CODE: 91207
CAPACITY: 155	DATE: 01/27/2026
	UNANNOUNCED TIME BEGAN: 07:15 AM
MET WITH: Samuel Adzhemyan, Maintenance Housekeeper & Carlos Lara, Executive Director (ED)	COMPLETED TIME: 09:50 AM

ALLEGATION(S):

1	Insufficient staffing to meet resident needs
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	At 7:15a.m., Licensing Program Analyst (LPA) Antonia Alvizar- Ettima conducted an unannounced
2	subsequent visit to deliver finding of the above noted allegation. LPA met with Housekeeper,
3	Maintenance and granted entry to the facility. LPA explained the reason for this visit. At 7:35a.m., LPA
4	and Maintenance conducted a physical plan tour and observed no health no safety issues. At about
5	9:00a.m. Executive Director (ED) joined us.
6	
7	During initial visit on 07/16/25 at approximately 9:15a.m., LPA requests and receives copies of the facility
8	resident and staff rosters, copies of the staff schedule, staff contact information and other pertinent
9	documents. At 9:30a.m., Between 11:30a.m. – 1:15p.m., LPA interviewed ED, four (04) out of one
10	hundred one (101) residents and about 3:35pm, LPA interviewed two (02) Night shift staff. LPA asked
11	questions relevant to the investigation. Information received revealed that within the months of June and
12	July 2025 two (02) out of three (03) night shift staff were not available for work for different reasons.
13	Cont. on LIC 9099-C

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Antonia Alvizar-Ettima
LICENSING EVALUATOR SIGNATURE:

DATE: 01/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/27/2026

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-20250708134009

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: GLEN TERRA ASSISTED LIVING

FACILITY NUMBER: 197609005

VISIT DATE: 01/27/2026

NARRATIVE

1 Cont. from LIC 9099-C

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

Therefore, to verify if facility had appropriate coverage for staff shortages during night shift, LPA requested a revised staff schedule for the month of June and July 2025 to determine appropriate staff coverage.

On 11/04/25 between 11:30a.m. – 3:45p.m., LPA interviewed additional three (03) residents and on 01/06/26 LPA interviewed three (03) more residents via -phone. Prior to this visit on 12/20/25, LPA Alvizar-Ettima reviewed the documentation previously obtained from the facility

Insufficient staffing to meet resident needs

It was alleged that there are insufficient staff members to provide for care and supervision for all residents residing in the facility. There are only two (02) night shift caregivers for the entire facility. During mealtime in the dining room, residents' food is served by the caregivers instead of kitchen staff.

Interview with Executive Director revealed that for night shift there are always no less than two (02) staff and no more than three (03) staff working. Plus, five (05) evening shift staff may work double shifts to cover shortage of night shift staff. Executive Director also stated that caregivers are trained in Dining Room procedures and permitted to assist with meal service as part of their job duties. Four (04) facility staff (S1-S4) interviewed during investigation, confirmed the information provided by Executive Director. Staff confirmed that evening shift staff work double shifts to assist night shift if needed. As a part of their job duties, caregivers also assist residents in the dining room. Meal service duties are not compromising resident supervision or care. Residents did not address any concerns regarding staff shortages. During facility visits, residents were observed to be appropriately supervised, and staff were present and engaged in resident care activities. LPA observed caregivers present in resident areas, responsive to resident requests, and assisting them as needed. A review of documents provided by Executive Director verified the information revealed from staff interviews. No information or evidence was obtained to corroborate with the allegation.

Based on observation, interviews and records review there is an insufficient information to support the allegation. Therefore, the allegation is UNSUBSTANTIATED at this time.

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Antonia Alvizar-Ettima
LICENSING EVALUATOR SIGNATURE:

DATE: 01/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/27/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 2