

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609005
Report Date: 04/14/2026
Date Signed: 04/14/2026 09:50:07 AM

Unfounded

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 04/08/2026 and conducted by Evaluator Gina Saucedo

PUBLIC		COMPLAINT CONTROL NUMBER: 31-AS-20260408144111	
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	STATE: CA	ZIP CODE:	91207
CAPACITY: 155	CENSUS: 99	DATE:	04/14/2026
	UNANNOUNCED	TIME BEGAN:	08:40 AM
MET WITH: Carlos Lara, Executive Director		TIME COMPLETED:	09:50 AM

ALLEGATION(S):

1	Staff did not prevent resident from being physically harmed by another resident
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INVESTIGATION FINDINGS:

1	On 04/14/26, at 8:40am, Licensing Program Analyst (LPA) Gina Saucedo arrived at the facility to conduct an unannounced, initial complaint visit and was greeted by Executive Director, Carlos Lara. LPA explained the purpose of this visit was to gather information and deliver findings for this complaint.
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5	On 04/14/26, LPA Saucedo asked for the census, staff, and resident rosters. On 04/14/26, at 8:50am, LPA Saucedo conducted a physical tour. During the pre-investigation, on 04/09/26 and 04/10/26, LPA conducted resident and staff interviews.
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9	LIC 9099C-continued
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Gina Saucedo	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/14/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/14/2026

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-20260408144111

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: GLEN TERRA ASSISTED LIVING	FACILITY NUMBER: 197609005
	VISIT DATE: 04/14/2026

NARRATIVE	
1	Regarding the allegation: Staff did not prevent resident from being physically harmed by another 2 resident. It is being alleged that Resident #1 (R1) was physically and verbally abused as they were 3 being transported in the van back to the assisted living facility where R1 lives by Resident #2 (R2). 4 During LPA's interview with R1, R1 stated, "R2 told them to shut up then R2 hit them on the arm and 5 facial area with a newspaper and their glasses fell." LPA asked in what van did this happen and R1 6 stated, "it was in the day program van." During LPA's interview with R2, R2 stated, "they don't remember 7 hitting R1." Furthermore, LPA interviewed Staff #1 (S1) whom stated, "that R2 hit R1 during the transport 8 back to the facility." LPA asked if the transportation van belonged to the facility and S1 stated, "no, it was 9 from PACE WEIBEHEALTH van." Let it be noted, R2 did hit R1 but it did not happen at the assisted 10 living facility, and it did not happen in the assisted living facility van. Therefore, based on the interviews 11 conducted the allegation is UNFOUNDED at this time. A finding of unfounded means that the allegation 12 is either false, could not have happened, and/or is without a reasonable basis. 13 14 Exit interview conducted and a copy of this report issued to the Executive Director. 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

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LICENSING EVALUATOR NAME: Gina Saucedo	
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