

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609103
Report Date: 09/10/2026
Date Signed: 09/10/2026 02:19:31 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	HOLLYWOOD HILLS SENIOR LIVING	FACILITY NUMBER:	197609103
ADMINISTRATOR/DIRECTOR:	BRITTNEY BUCHANNAN	FACILITY TYPE:	740
ADDRESS:	1745 N GRAMERCY PLACE	TELEPHONE:	(323) 994-6700
CITY:	LOS ANGELES	STATE:	CA
CAPACITY:	120	ZIP CODE:	90028
TYPE OF VISIT:	Case Management - Incident	CENSUS:	75
		DATE:	09/10/2026
		UNANNOUNCED TIME VISIT/INSPECTION	10:30 AM
		BEGAN:	
MET WITH:	Gericca Wright-Executive Director	TIME VISIT/INSPECTION	02:00 PM
		COMPLETED:	

NARRATIVE	
1	On 09/10/26, Licensing Program Analyst (LPA) Ray Comer followed up on a Unusual Incident/Injury
2	Report and SOC 341 that the Community Care Licensing Department on 8/28/26.
3	
4	According to the incident report, a Responsible Family Member (F1) of Resident #1 (R1) reported to
5	facility staff#1 (S1) that that Resident#2 (R2) was allegedly sexually assaulted by staff#2 (S2) while
6	providing R2 shower assistance.
7	
8	Proper measures and protocol were taken by the facility. R2 was assessed by medical staff; no bodily
9	injury was identified at the time of assessment. S2 was placed on work suspension pending completion
10	of an internal investigation by facility management. F1 was notified. Staff contacted both the
11	Ombudsman, and the Police were informed; they arrived to the facility to investigate; police declined to
12	complete a report.
13	
14	S1 and S3 interviewed R1 and R2, with F1 present. During the interview, R2 could not recall the date
15	when the alleged incident occurred. R2 would only say that S2 provided shower assistance to them in an
16	"unprofessional manner". Per R2, they did not experience any pain, nor body discomfort from their
17	interactions with S2.
18	
19	Let it be noted, this is R2's second occasion when they have accused a staff of sexual assault while staff
20	assistance was provided at the same facility. LPA interviewed F1, who revealed the following: Both R1
21	and R2 experience visual hallucinations and have a a history of making specious claims without merit.
22	Per F1, such claims are "the nature of their mental state."
23	
24	
25	[LIC809] Continued-

Naira Margaryan Raymond Comer	
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DATE: 09/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/10/2026

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,
	STE. 250
	WOODLAND HILLS, CA 91364

FACILITY NAME: HOLLYWOOD HILLS SENIOR LIVING **FACILITY NUMBER:** 197609103
VISIT DATE: 09/10/2026

NARRATIVE	
1	Per F1, they are "very satisfied" with the communication, reports and quality of staff care provided to
2	both R1 and R2.
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4	Exit interview was conducted, no citation(s) were issued, and a copy of this report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan	
NAME OF LICENSING PROGRAM ANALYST: Raymond Comer	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/10/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/10/2026