

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609495
Report Date: 06/23/2026
Date Signed: 06/23/2026 01:42:33 PM

Substantiated

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 **09/29/2025** and conducted by Evaluator Angelica Segovia

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20250929162117
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FACILITY NAME: WOODLAKE LOVING CARE LLC		FACILITY NUMBER:	197609495
ADMINISTRATOR: ARDAKANI, SHAKILA		FACILITY TYPE:	740
ADDRESS:	8016 WOODLAKE AVE	TELEPHONE:	(818) 217-6778
CITY:	WEST HILLS	ZIP CODE:	91304
CAPACITY:	6	DATE:	06/23/2026
MET WITH: Shakila Ardakani - Administrator		UNANNOUNCED TIME BEGAN:	09:30 AM
		TIME COMPLETED:	02:00 PM

ALLEGATION(S):

1	Staff restrain resident.
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INVESTIGATION FINDINGS:

1	On 6/23/2026 at approximately 9:30 AM, Licensing Program Analyst (LPA) Angelica Segovia conducted an unannounced subsequent complaint visit to the facility. LPA was greeted by staff and stated the reason for their visit. The Administrator, Shakila Ardakani arrived shortly after to assist with today's visit.
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5	To investigate the allegation(s), at approximately 10:00 AM, requested relevant documentation pertaining to the investigation such as but not limited to: Physician's Report, Weight Log, and Appraisals. By 11:00 AM, LPA conducted a physical plant tour. From 10:00 AM to 01:00 PM, LPA attempted to interview five (5) residents (R1-R5), one (1) staff member (S1), and conducted record review.
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9	(continue to LIC 9099-C)
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Angelica Segovia	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/23/2026

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 6
Control Number 31-AS-20250929162117

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: WOODLAKE LOVING CARE LLC **FACILITY NUMBER:** 197609495
VISIT DATE: 06/23/2026

NARRATIVE	
1	Regarding the allegation: Staff restrain resident. It was alleged staff would strap R1 to their wheelchair.
2	To investigate the allegation, LPA attempted to interview five (5) residents and one (1) staff member. LPA
3	attempted to interview R1, but they no longer reside at the facility. LPA attempted to interview R2-R5, but
4	due to their inability to validate the questions being asked, LPA terminated the interview. LPA's interview
5	with S1 revealed they would use a "seatbelt" that is attached to the wheelchair to prevent R1 from
6	falling. When questioned if R1 had a physician's order for the postural support of the seatbelt to the
7	wheelchair, S1 stated, "No". During LPA's physical plant tour LPA observed three (3) wheelchairs. LPA
8	observed one (1) of the three (3) wheelchairs to have a seatbelt attachment to the wheelchair. When
9	questioned if the current residents residing in the facility have physician's order for the postural support
10	observed on the wheelchair, S1 stated, "No".
11	
12	Based on interviews and observation, S1 stated R1 did use such postural support due to fall risk and
13	LPA observed there to be a wheelchair with said postural device attached. Therefore, the allegation is
14	SUBSTANTIATED at this time.
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16	Citation issued, please refer to LIC 9099-D.
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18	No other immediate health and safety issues observed during the day of the visit. Exit interview was
19	conducted, appeal rights given, and a copy of this report was provided to the Administrator.
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SUPERVISORS NAME: Troy Agard	
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LIC9099 (FAS) - (06/04) Page: 2 of 6
Control Number 31-AS-20250929162117

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,
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COMPLAINT INVESTIGATION REPORT (Cont)

STE. 250
WOODLAND HILLS, CA 91364

FACILITY NAME: WOODLAKE LOVING CARE LLC
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 197609495
VISIT DATE: 06/23/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 07/10/2026 Section Cited CCR 87608(a)(3)	1 2 3 4 5 6 7	87608 Postural Supports. (a) ... Postural supports may be used under the following conditions.(3)A written order from a physician indicating the need for the postural support shall be maintained in the resident's record. This requirement is not met as evidenced by:	1 2 3 4 5 6 7	The Administrator/Licensee will review the regulation and email LPA Segovia a statement of understanding by POC due date. Additionally, the Administrator/Licensee will email LPA Segovia the physician's orders for the postural support of the four (4) residents by POC due date.
	8 9 10 11 12 13 14	Based on interviews and observations, S1 confirmed R1 used a postural support without a physician's order and LPA observed 1 of the 3 wheelchairs to have a postural support attached to it which poses a potential health, safety and personal rights risk to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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LIC9099 (FAS) - (06/04)

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FACILITY NUMBER: 197609495

ADMINISTRATOR: ARDAKANI, SHAKILA
ADDRESS: 8016 WOODLAKE AVE
CITY: WEST HILLS

STATE: CA

FACILITY TYPE: 740
TELEPHONE: (818) 217-6778
ZIP CODE: 91304

ALLEGATION(S):

1	Staff do not feed resident(s).
2	Staff do not provide liquids for resident(s) to drink.
3	Staff do not provide accurate documentation on records.
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INVESTIGATION FINDINGS:

1	On 6/23/2026 at approximately 9:30 AM, Licensing Program Analyst (LPA) Angelica Segovia conducted
2	an unannounced subsequent complaint visit to the facility. LPA was greeted by staff and stated the
3	reason for their visit. The Administrator, Shakila Ardakani arrived shortly after to assist with today's visit.
4	
5	To investigate the allegation(s), at approximately 10:00 AM, LPA requested relevant documentation
6	pertaining to the investigation such as but not limited to: Physician's Report, Weight Log, and Appraisals.
7	By 11:00 AM, LPA conducted a physical plant tour. From 10:00 AM to 01:00 PM, LPA attempted to
8	interview five (5) residents (R1-R5), one (1) staff member (S1), and conducted record review.
9	
10	(continue to LIC 9099-C)
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Unsubstantiated	Estimated Days of Completion:
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: WOODLAKE LOVING CARE LLC	FACILITY NUMBER: 197609495
	VISIT DATE: 06/23/2026

NARRATIVE	
1	Regarding the allegation: Staff do not feed resident(s). It was alleged staff did not feed R1. To
2	investigate the allegation, LPA attempted to interview five (5) residents and one (1) staff member. LPA
3	attempted to interview R1, but they no longer reside at the facility. LPA attempted to interview R2-R5, but
4	due to their inability to validate the questions being asked, LPA terminated the interview. LPA's interview
5	with S1 revealed they go grocery shopping weekly and residents family members provide food as well.
6	When questioned if R1 was not provided sufficient food, S1 denied the allegation. Per S1, R1 was
7	diabetic which had dietary restrictions with a focus on "low carbs" and "higher protein".
8	
9	During LPA's physical plan tour, LPA did not observe there to be sufficient supply of seven (7) day
10	nonperishable foods and two (2) day perishable foods. Per the Administrator, they are do for another
11	grocery delivery and had just bought groceries not too long ago. However, LPA did observe the freezer
12	to have bags of frozen meats/poultry, vegetables and fruit. Per S1, the food is defrosted ahead of time to
13	prepare accordingly. Additionally, LPA did observe residents to be eating upon arrival and during the
14	remainder of their visit. LPA observed staff to be in the kitchen preparing lunch. LPA's record review
15	showcased documentation of S1's communication with staff regarding groceries needed for the week of
16	6/15/2026. Further record review confirmed a purchase receipt dated 6/17/2026 of said groceries.
17	

18 During LPA's record review of R1's physician's report, the report confirmed R1's diagnoses. LPA
19 conducted a supplementary record review of R1's diagnosis. LPA's web search of said diagnosis
20 revealed, "...portion control is key to managing blood sugar and weight".
21
22 Based on interviews, observations and record review, there is not enough information to verify the
23 allegation. Therefore, the allegation is UNSUBSTANTIATED at this time.
24
25 Regarding the allegation: **Staff do not provide liquids for resident(s) to drink.** It was alleged staff did
26 not provide R1 with water. To investigate the allegation, LPA conducted an interview with one (1) staff
27 member. LPA's interview with S1 revealed they did not withhold water from R1. Additionally, S1 stated all
28 residents have their own water bottle with their names on it with water. During LPA's visit, LPA observed
29 all four (4) residents to have their own water bottles, labeled with their names, to be filled and
30 accessible. LPA observed residents to be drinking their water and tea.
31
32 (continue to LIC 9099-C)

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COMPLAINT INVESTIGATION REPORT (Cont)	

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	VISIT DATE: 06/23/2026

NARRATIVE	
1	Based on interviews and observations, there is not enough information to verify the allegation.
2	Therefore, the allegation is UNSUBSTANTIATED at this time.
3	
4	Regarding the allegation: Staff do not provide accurate documentation on records. It was alleged
5	staff falsified R1's documentation. To investigate the allegation, LPA conducted a record review of R1's
6	files. LPA's record review revealed there to be R1's medication dated 2/26/2025 to 10/13/2025 from a
7	licensed Pharmacy. LPA's record review of R1's Physician's Report revealed it to have been performed
8	and dated by a licensed physician. LPA's record review of R1's weight log revealed it had been
9	documented by staff from July 2025 to September 2025. LPA's record review of the four (4) residents
10	confirmed them to have their own weight log to be dated. During LPA's physical plant tour, LPA observed
11	a scale to be present in the living room. Per LPA's interview with S1, they use it to track and maintain
12	weight records for the residents.
13	
14	Based on interviews, record review and observations, there is not enough information to verify the
15	allegation. Therefore, the allegation is UNSUBSTANTIATED at this time.
16	
17	No immediate health and safety issues observed during the day of the visit. Exit interview was
18	conducted and a copy of this report was provided to the Administrator.
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SUPERVISORS NAME: Troy Agard

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LICENSING EVALUATOR SIGNATURE:

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