

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609496
Report Date: 01/17/2025
Date Signed: 01/17/2025 03:55:57 PM

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 **01/16/2025** and conducted by Evaluator Antonia Alvizar-Ettima

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20250116144714
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FACILITY NAME: ENCINO TERRACE SENIOR LIVING	FACILITY NUMBER: 197609496
ADMINISTRATOR: JANNAT, SHAHRZAD	FACILITY TYPE: 740
ADDRESS: 16025 VENTURA BLVD	TELEPHONE: (818) 986-8466
CITY: ENCINO	STATE: CA ZIP CODE: 91436
CAPACITY: 85	CENSUS: 59 DATE: 01/17/2025
MET WITH: Vice President of Operations (VPO), Joel Schochet	UNANNOUNCED TIME BEGAN: 10:15 AM
	TIME COMPLETED: 04:15 PM

ALLEGATION(S):

1	Due to lack of supervision, resident was restrained by another resident causing injuries
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INVESTIGATION FINDINGS:

1	At 10:15a.m. Licensing Program Analyst (LPA) Antonia Alvizar-Ettima conducted an unannounced initial
2	visit to investigate the above stated allegation. LPA met with the VPO and explained the reason for the
3	visit.
4	
5	At 10:30a.m. LPA Alvizar-Ettima requested the staff, and facility residents' roster, as well as the rosters
6	for residents that temporarily were relocated in this facility due to Eaton Fire. At 10:45a.m. LPA Alvizar-
7	Ettima and VPO conducted physical plant tour. Between 10:50a.m. – 11:20a.m. LPA conducted
8	interviews with VPO and staff. LPA Alvizar- Ettima asked questions relevant to the nature of the
9	complaint. In addition, at 11:53a.m. LPA reviewed available rosters for facility residents and temporality
10	relocated residents.
11	
12	Due to lack of supervision, resident was restrained by another resident causing injuries.
13	
	Cont. LIC 9099C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Antonia Alvizar-Ettima
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/17/2025

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

LIC9099 (FAS) - (06/04)

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Control Number 31-AS-20250116144714

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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: ENCINO TERRACE SENIOR LIVING

FACILITY NUMBER: 197609496

VISIT DATE: 01/17/2025

NARRATIVE

1 It was alleged that resident #1 (R1) allegedly was seen tied up to a chair with a blanket by resident #2
2 (R2). Interviews with Administrative personnel, caregiver and Med-Tech. revealed that they have not
3 witnessed R1, or any other resident restrained/tied to a chair. Staff indicated that R1 and R2 are not
4 resident of the facility and may have been residents temporarily living at the facility due to Eaton Fire. At
5 the time of this visit, LPA attempt to interview temporarily relocated residents. However, residents were
6 no longer at the facility. During investigation, LPA did not observe residents restrained/tied to a chair in
7 the facility. LPA Alvizar - Ettima reviewed facility and Eaton residents rosters and noted that R1 was a
8 temporarily relocated resident. R2's name was not on the list.
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10 Based on observation, interviews, and record review there is no pertinent information to support the
11 allegation. Therefore, the allegation is UNSUBSTANTIATED at this time.
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13 Exit Interview conducted. Copy of report provided.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Antonia Alvizar-Ettima
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/17/2025