

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609496
Report Date: 08/24/2026
Date Signed: 08/24/2026 01:12:03 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 08/21/2026 and conducted by Evaluator Tihesha Smith

	COMPLAINT CONTROL NUMBER: 31-AS-20260821081655
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FACILITY NAME:	ENCINO TERRACE SENIOR LIVING	FACILITY NUMBER:	197609496
ADMINISTRATOR:	ROSE YOUSEFIAN	FACILITY TYPE:	740
ADDRESS:	16025 VENTURA BLVD	TELEPHONE:	(818) 986-8466
CITY:	ENCINO	ZIP CODE:	91436
CAPACITY:	85	DATE:	08/24/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	08:40 AM
	CENSUS: 70	TIME	
MET WITH:	Maria Galvan-Administrator	COMPLETED:	01:15 PM

ALLEGATION(S):

1	Facility kitchen is in disrepair
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INVESTIGATION FINDINGS:

1	Licensing program analyst (LPA) Tihesha Smith made an unannounced 10-day complaint visit to this
2	facility to investigate the above allegations. LPA met with executive director and disclosed the reason for
3	the visit.
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5	Facility kitchen is in disrepair
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7	It was alleged that the facility kitchen has ongoing leaks. To investigate the allegation LPA Smith
8	interviewed the executive director at 9:38 am, requested documents relevant to the investigation at 9:45
9	am, conducted a tour of the facility to include but not limited the facility and common areas at
10	approximately10:35 am and interviewed four (4) residents at approximately 10:30 am. Interview with the
11	executive director revealed no issues with the facility kitchen and LPA Smith observed the facility kitchen
12	to be clean and in good condition at the time of visit with dry floors and no leaks observed.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Tiyesha Smith	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/24/2026

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 3
Control Number 31-AS-20260821081655

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ENCINO TERRACE SENIOR LIVING	FACILITY NUMBER: 197609496
	VISIT DATE: 08/24/2026

NARRATIVE	
1	(Cont from 9099)
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4	Based on observation and interview there is not enough information to verify the allegation. Therefore,
5	the allegation is deemed UNSUBSTANTIATED at this time
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7	No hazards observed in common areas at time of visit
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9	Exit interview conducted/copy of report given
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SUPERVISORS NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Tiyesha Smith	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/24/2026
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