

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 197609518  
Report Date: 05/18/2025  
Date Signed: 05/27/2025 04:34:49 PM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/17/2025** and conducted by Evaluator Zabel Chochian

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20250117145754</b>
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<b>FACILITY NAME:</b> BELMONT VILLAGE CALABASAS	<b>FACILITY NUMBER:</b> 197609518
<b>ADMINISTRATOR:</b> NELSON, NANCY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 24141 VENTURA BLVD	<b>TELEPHONE:</b> (818) 222-2600
<b>CITY:</b> CALABASAS	<b>STATE:</b> CA <b>ZIP CODE:</b> 91302
<b>CAPACITY:</b> 165	<b>CENSUS:</b> 114 <b>DATE:</b> 05/18/2025
<b>MET WITH:</b> Diana Alvarado, Director of Resident Care Services	<b>UNANNOUNCED TIME BEGAN:</b> 10:15 AM
	<b>TIME COMPLETED:</b> 11:30 AM

### ALLEGATION(S):

1	Staff did not ensure resident had their oxygen when out of room
2	Staff did not safeguard resident's personal belongings
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Zabel Chochian conducted an unannounced subsequent complaint visit
2	to this facility today to deliver investigation finding. LPA met with the Director of Resident Care services
3	Diana Alvarado and reason for the visit was discussed.
4	
5	On 01/17/2025, the Department received the above listed allegations. On 01/24/2025, Licensing Program
6	Analyst (LPA) Zabel Chochian conducted the initial complaint visit. From approximately 11am- 1:45pm
7	LPA and Mrs. Alvarado toured the facility common areas and resident rooms. Interviews were conducted
8	during the tour with 6 (six) randomly selected residents and 2 (two) other potential witnesses. On
9	02/19/2025, during a subsequent complaint visit for another complaint, LPA Chochian reviewed resident
10	records and interviewed six (6) staff members.
11	
12	Following is a summary of the allegations and finding:
13	(Continue to LIC9099c)

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera  
**NAME OF LICENSING PROGRAM ANALYST:** Zabel Chochian  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 05/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 05/18/2025

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** 29-AS-20250117145754

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 21731 VENTURA BLVD. #250  
WOODLAND HILLS, CA 91364

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** BELMONT VILLAGE CALABASAS

**FACILITY NUMBER:** 197609518

**VISIT DATE:** 05/18/2025

### NARRATIVE

1 Regarding allegations - Staff did not ensure resident had their oxygen when out of room and Staff did  
 2 not safeguard resident's personal belongings: Information was received that Resident #1 (R1) was not  
 3 on continuous oxygen from approximately 01/09/2025 – 01/17/2025. According to the reporting party the  
 4 facility evacuated on 01/09/2025 due to the Kenneth fire and R1's portable oxygen was lost. Staff did not  
 5 ensure R1 was on continuous oxygen. R1 went to a hair appointment without a supply of oxygen.  
 6  
 7 It was confirmed through interviews and records review that there is an order on file from R1's physician  
 8 that R1 requires continues (24 hours) oxygen use. Staff interviewed confirmed that R1's portable oxygen  
 9 cord was lost during the evacuation period. Staff stated that R1 was provide with a concentrator which  
 10 was used in room and when R1 would go down for meals. R1's facility records reviewed with staff  
 11 revealed that R1's assessments/care plan did not indicate that R1 is required 24-hour oxygen use. Staff  
 12 could not confirm that R1 was monitored and ensured that when R1 left the room or went out of the  
 13 facility was with oxygen.  
 14  
 15 Based on the information obtained through record review and interviews; the allegations "Staff did not  
 16 ensure resident had their oxygen when out of room and Staff did not safeguard resident's personal  
 17 belongings", is deemed substantiated at this time.  
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**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera  
**NAME OF LICENSING PROGRAM ANALYST:** Zabel Chochian  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 05/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 05/18/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 5

**Control Number** 29-AS-20250117145754

**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** BELMONT VILLAGE CALABASAS  
**DEFICIENCY INFORMATION FOR THIS PAGE:****FACILITY NUMBER:** 197609518  
**VISIT DATE:** 05/18/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/30/2025 <b>Section Cited</b> CCR 87468.1(a)(2)	1 Personal Rights of Residents in All 2 Facilities To be accorded safe, healthful 3 and comfortable accommodations, 4 furnishings and equipment. 5 This requirement is not met as 6 evidenced by: 7	1 Executive Director shall provide a plan 2 of correction on how they will maintain 3 future compliance with Personal Rights 4 of Residents. 5 6 7
	8 Based on records review and interviews 9 conducted, the licensee did not comply 10 with the section cited above. R1 is to be 11 on continous oxygen use. Staff did not 12 ensure R1 was with oxygen when out 13 the room from approximately 1/9/2025 14 to 1/17/2025.	8 9 10 11 12 13 14
Type B 05/30/2025 <b>Section Cited</b> CCR 87217(b)	1 (b) Every facility shall take appropriate 2 measures to safeguard residents' cash 3 resources, personal property and 4 valuables which have been entrusted to 5 the licensee or facility staff. 6 This requirement is not met as 7 evidence by:	1 Executive Director shall provide a plan 2 of correction on how they will maintain 3 future compliance with regards to 4 safeguarding residents' personal 5 property. 6 7
	8 Based on interviews conducted, the 9 licensee did not comply with the section 10 cited above. R1's portable oxygen 11 charging cord was missing/lost. 12 13 14	8 9 10 11 12 13 14

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.****NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera  
**NAME OF LICENSING PROGRAM ANALYST:** Zabel Chochian  
**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 05/18/2025**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 05/18/2025

LIC9099 (FAS) - (06/04)

Page: 3 of 5

**COMPLAINT INVESTIGATION REPORT**This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**01/17/2025** and conducted by Evaluator Zabel Chochian**COMPLAINT CONTROL NUMBER:** 29-AS-  
20250117145754**FACILITY NAME:** BELMONT VILLAGE CALABASAS**FACILITY NUMBER:** 197609518**ADMINISTRATOR:**NELSON, NANCY  
**ADDRESS:** 24141 VENTURA BLVD**FACILITY TYPE:** 740  
**TELEPHONE:** (818) 222-2600

**CITY:** CALABASAS **STATE:** CA **ZIP CODE:** 91302  
**CAPACITY:** 165 **CENSUS:** 114 **DATE:** 05/18/2025  
**MET WITH:** Diana Alvarado, Director of Resident Care Services **UNANNOUNCED TIME BEGAN:** 10:15 AM  
**TIME COMPLETED:** 11:30 AM

**ALLEGATION(S):**

1	Staff are not checking on resident
2	Staff are mismanaging resident's medication
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Zabel Chochian conducted an unannounced subsequent complaint visit
2	to this facility today to deliver investigation finding. LPA met with the Director of Resident Care services
3	Diana Alvarado and reason for the visit was discussed.
4	
5	On 01/17/2025, the Department received the above listed allegations. Information was received that
6	resident is left in bed and not checked on for several hours. Information was received that resident #1
7	was left in bed (date unknown) until 3pm and was not checked on by staff. It was also reported that a cup
8	of pills which did not belong to resident #1 was found in the room on or about 01/16/2025.
9	
10	On 01/24/2025, Licensing Program Analyst (LPA) Zabel Chochian conducted the initial complaint visit.
11	From approximately 11am- 1:45pm LPA and Mrs. Alvarado toured the facility common areas and resident
12	rooms. Interviews were conducted during the tour with 6 (six) randomly selected residents and 2 (two)
13	other potential witnesses. (Continue to LIC9099c)

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Desaree Perera	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Zabel Chochian	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 05/18/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 05/18/2025
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 LIC9099 (FAS) - (06/04) Page: 4 of 5

**Control Number 29-AS-20250117145754**

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<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	

**FACILITY NAME:** BELMONT VILLAGE CALABASAS **FACILITY NUMBER:** 197609518  
**VISIT DATE:** 05/18/2025

**NARRATIVE**

1	On 02/19/2025, during a subsequent complaint visit for another complaint, LPA Chochian reviewed
2	medication records and interviewed additional staff.
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4	Following is summary of the investigation:
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6	On 01/24/2025, From approximately 11am- 1:45pm LPA and Mrs. Alvarado toured the facility common
7	areas and resident rooms. Interviews were conducted during the tour with 6 (six) randomly selected
8	residents and 2 (two) other potential witnesses. Also during the tour LPA visited the medication room
9	and reviewed random sample centrally stored medication records with staff.
10	
11	Residents interviewed reported no issues or concerns with receiving care services from staff. Resident
12	expressed being satisfied with staff providing care and medication service. Resident #1 was out of the
13	building during LPA's visit therefore was unable to be interviewed at that time. LPA was able to
14	communicate with resident #1 on 05/09/2025 however resident was not able to provide much

15 information due to decline in health. Resident did express being satisfied with the staff at the facility.  
16 Resident was unable to recall the alleged incident related to medications being left in resident's room.  
17 LPA conducted a sample review of the centrally stored medication records for the month of January  
18 2025 and found no discrepancies at the time.

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20 Based on the above information gathered although the allegation may be valid, there is insufficient  
21 evidence to support the allegation or that a violation occurred; therefore, the allegations "Staff are not  
22 checking on resident" and "Staff are mismanaging resident's medication" is deemed unsubstantiated at  
23 this time.

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25 Exit interview held and copy of report provided.  
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**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera

**NAME OF LICENSING PROGRAM ANALYST:** Zabel Chochian

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 05/18/2025

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