

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610025
Report Date: 08/18/2025
Date Signed: 08/18/2025 01:04:31 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 **08/13/2025** and conducted by Evaluator Gina Saucedo

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20250813164015
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FACILITY NAME: NORTHRIDGE VALLEY SENIOR LIVING	FACILITY NUMBER: 197610025
ADMINISTRATOR: KAREN MARIN	FACILITY TYPE: 740
ADDRESS: 8700 LINDLEY AVENUE	TELEPHONE: (818) 886-5181
CITY: NORTHRIDGE	STATE: CA
CAPACITY: 110	ZIP CODE: 91325
	CENSUS: 73
	DATE: 08/18/2025
MET WITH: Frances Norberte, Memory Care Director	UNANNOUNCED TIME BEGAN: 09:20 AM
	TIME COMPLETED: 01:15 PM

ALLEGATION(S):

1	Staff did not adequately supervise residents resulting in residents ingesting non-food items
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INVESTIGATION FINDINGS:

1	On 08/18/25, at 9:20am, Licensing Program Analyst (LPA) Gina Saucedo arrived at the facility to conduct an unannounced, initial complaint visit and was greeted by Frances Norberte, Memory Care Director.
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3	LPA explained the purpose of this visit was to gather information, interview staff and residents and deliver findings for this complaint.
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6	On 08/18/25, LPA Saucedo asked for the census, staff, and resident rosters. On 08/18/25, at 10:30am,
7	LPA Saucedo conducted a physical tour and interviewed staff and residents.
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9	LIC 9099C-continued
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Agard
LICENSING EVALUATOR NAME: Gina Saucedo
LICENSING EVALUATOR SIGNATURE:

DATE: 08/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/18/2025

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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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: NORTHRIDGE VALLEY SENIOR LIVING

FACILITY NUMBER: 197610025

VISIT DATE: 08/18/2025

NARRATIVE

1 **Regarding the allegation:** Staff did not adequately supervise residents resulting in residents ingesting
2 non-food items. It is being alleged that some residents in memory care were left unsupervised and were
3 eating crayons and drinking water from a paint container. LPA interviewed four (4) out of four (4) staff
4 that confirmed they have seen staff #1 (S1) from memory care leave the residents unattended. Four (4)
5 staff confirmed that S1 from memory care walks around and leaves the residents unattended while the
6 residents stay in the Activities Room for unknown amounts of time. One (1) staff confirmed that they
7 have witnessed a resident eating crayons before. LPA attempted to interview residents in the memory
8 care area of the facility but to no avail they were able to answer any of the LPA questions. Therefore,
9 based on the LPA's observations, staff and resident interviews, the above allegation(s) above is
10 SUBSTANTIATED at this time.

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13 An exit interview was conducted, citation(s) were issued, appeal rights was given and a copy of this
14 report was given to the Memory Care Director.
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SUPERVISORS NAME: Troy Agard
LICENSING EVALUATOR NAME: Gina Saucedo
LICENSING EVALUATOR SIGNATURE:

DATE: 08/18/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/18/2025

LIC9099 (FAS) - (06/04)

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WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,

**COMPLAINT INVESTIGATION REPORT
(Cont)**

STE. 250
WOODLAND HILLS, CA 91364

FACILITY NAME: NORTHRIDGE VALLEY SENIOR LIVING
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 197610025
VISIT DATE: 08/18/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/19/2025 Section Cited HSC 1569.269(a)(6)	1 Enumerated rights; severability 2 (a) Residents of residential care 3 facilities for the elderly shall have all of 4 the following rights: (6) To care, 5 supervision, and services that meet 6 their individual needs and are delivered 7 by staff that are sufficient in numbers, 8 qualifications, and competency to meet 9 their needs. This requirement is not met 10 by:	1 The Licensee/Administrator shall 2 properly train the staff #1 (S1) to care 3 and supervise the residents in memory 4 care. 5 POC 08/19/25 6 7
	8 Based on the LPA observation and 9 interviews the licensee/administrator 10 did not ensure the safety of the 11 residents in memory care by leaving 12 them unattended and residents eating 13 crayons which poses an immediate 14 Health, Safety or Personal Rights risks 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.

SUPERVISORS NAME: Troy Agard
LICENSING EVALUATOR NAME: Gina Saucedo
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 08/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 08/18/2025