

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610025
Report Date: 08/06/2026
Date Signed: 08/06/2026 11:48:54 AM

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 **07/31/2026** and conducted by Evaluator Tuesday Cabiness

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20260731133647
FACILITY NAME: NORTHRIDGE VALLEY SENIOR LIVING	
ADMINISTRATOR: BENEDICT PAK	FACILITY NUMBER: 197610025
ADDRESS: 8700 LINDLEY AVENUE	FACILITY TYPE: 740
CITY: NORTHRIDGE	TELEPHONE: (818) 886-5181
CAPACITY: 110	ZIP CODE: 91325
	DATE: 08/06/2026
	TIME BEGAN: 10:25 AM
MET WITH: Benedit Pak	TIME COMPLETED: 12:30 PM

ALLEGATION(S):

1	Staff wrongfully evicted resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Tuesday Cabiness conducted an initial complaint visit and met with
2	Executive Director Benedit Pak regarding the allegation that the facility wrongfully evicted a resident.
3	To investigate the complaint, LPA conducted interviews and obtained and reviewed documentation on
4	08/04/2026, 08/05/2026, and 08/06/2026, during visits occurring between 9:00 a.m. and 2:00 p.m. The
5	investigation included a review of records pertaining to Resident #1 (R1), including the Admission
6	Agreement, billing statements, and other relevant facility documentation.
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8	Based on the information obtained, LPA determined that R1 was admitted to the facility on 05/29/2026. At
9	the time of admission, the facility required payment of a prorated rent amount, a care plan fee, and a
10	community fee. Documentation reviewed during the investigation showed that monthly rent for June and
11	July had been paid; however, the prorated admission charges and community fee remained outstanding,
12	resulting in an unpaid balance. (Cont'd LIC9099C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Nichelle Gillyard	
LICENSING EVALUATOR NAME: Tuesday Cabiness	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/06/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/06/2026

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 2
Control Number 31-AS-20260731133647

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: NORTHRIDGE VALLEY SENIOR LIVING	FACILITY NUMBER: 197610025
	VISIT DATE: 08/06/2026

NARRATIVE	
1	The Executive Director stated that the facility issued R1's representative a notice to pay outstanding fees, not an eviction notice. The Executive Director further advised that the facility would contact R1's representative to clarify the purpose of the notice and work toward resolving the outstanding balance. Based on interviews, documentation reviewed, and the allegation that the facility wrongfully evicted a resident is Unsubstantiated. Exit interview and copy of report provided to ED.
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