<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610121
Report Date: 08/20/2026
Date Signed: 08/20/2026 02:25:54 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES** **COMMUNITY CARE LICENSING DIVISION** **WOODLAND HILLS S.ASC, 21731 VENTURA BLVD., STE. 250** **WOODLAND HILLS, CA** 91364

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/16/2026** and conducted by Evaluator Nicholas Reed

	COMPLAINT CONTROL NUMBER: 31-AS-20260116105124

FACILITY NAME:	WEST HILLS ASSISTED LIVING			**FACILITY NUMBER:**	197610121
ADMINISTRATOR:	EDGARDO GALANG			**FACILITY TYPE:**	740
ADDRESS:	7055 SHOUP AVENUE			**TELEPHONE:**	(818) 883-7201
CITY:	WEST HILLS	**STATE:** CA		**ZIP CODE:**	91307
CAPACITY:	90	**CENSUS:** 58		**DATE:**	08/20/2026
		UNANNOUNCED		**TIME BEGAN:**	01:30 PM
MET WITH:	Chris Salvador			**TIME COMPLETED:**	02:45 PM

ALLEGATION(S):

1	Resident sustained pressure injuries due to staff neglect
2	Staff caused bruises to resident while providing incontinent care
3	Delay in staff assistance resulted resident falls
4	Staff did not provide reasonable living arrangements
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	At approximately 1:30 p.m. on 08/20/26 Licensing Program Analyst (LPA) Nicholas Reed conducted an
2	unannounced complaint visit. LPA met with the administrator and disclosed the reason for the visit.
3	
4	To investigate the allegations above, LPA conducted an initial visit on 01/23/26 and toured the facility
5	inside and out at 9:00 a.m., interviewed the administrator, staff, residents, and a witness between 9:15
6	a.m. and 12:45 p.m., and conducted a record review of pertinent records, including but not limited to an
7	admission agreement, medical assessment, care plan, and the resident roster at 11:15 a.m. LPA
8	conducted a subsequent visit on 04/15/26 and toured the facility at 9:45 a.m. and interviewed staff and at
9	least ten (10) percent of residents [seven (07) out of sixty-two (62) residents] between 10:00 a.m. and
10	4:00 p.m. LPA conducted another visit on 07/16/26 and interviewed staff and residents between
11	approximately 10:00 a.m. and 3:00 p.m. Today, LPA toured the facility at 1:40 p.m. and interiewed
12	Resident #4 (R4) at 2:15 p.m.
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Nicholas Reed
LICENSING EVALUATOR SIGNATURE:
DATE: 08/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/20/2026

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

Control Number 31-AS-20260116105124

FACILITY NAME: WEST HILLS ASSISTED LIVING **FACILITY NUMBER:** 197610121
VISIT DATE: 08/20/2026

NARRATIVE

Regarding the allegations "Resident sustained pressure injuries due to staff neglect" and “Staff caused bruises to resident while providing incontinent care” it was alleged Resident #1 (R1) had pressure injuries on their back due to improper care and bruises from rough handling during diaper changes. Interview with R1 at 2:20 p.m. on 07/16/26 revealed they have no pain, bruises, or pressure injuries, and they are well taken care of by staff. Staff are gentle when changing R1. Interview with the administrator at 11:00 a.m. on 01/23/26 confirmed R1 has not had any pressure injuries. Interviews with caregivers Staff #8 (S8), Staff #9 (S9), and Staff #1 (S1) at 1:30 p.m., 1:45 p.m. and 2:15 p.m. on 04/15/26 confirmed R1 has not had any pressure injuries, and R1 is repositioned and changed approximately every three (03) hours. S1 and S8 noted R1 has “spots” on their legs, likely from rolling into their bedrails, but no bruising. LPA observed minor spots on R1’s leg during the interview, but no bruises. Record review of R1’s medical assessment revealed they had a history of poor skin integrity, but no pressure injuries. Based on interviews, observations, and record review, although the allegation may have occurred, there is no measurable and verifiable information to confirm its validity. Hence the allegation is UNSUBSTANTIATED at this time.

Regarding the allegation "Delay in staff assistance resulted resident falls" it was alleged Resident #2 (R2) and Resident #3 (R3) have had falls due to long wait times when using their call buttons. Interviews with R2 at 2:45 p.m. on 07/16/26 and R3 at 2:25 p.m. on 04/15/26 revealed they have not had any falls, and staff are responsive when they need them. Telephonic interview with R3’s representative at 12:00 p.m. on 05/21/26 confirmed they have not had any falls in the facility. Interviews with the administrator, S1, S8, and S9 also verified that R2 and R3 have not had any falls. The administrator added that R2 uses their call button frequently, and staff assist R2 promptly. LPA tested R2’s call button at 2:47 p.m. on 07/16/26, and staff arrived within thirty (30) seconds. Based on interviews, observations, and record review, although the allegation may have occurred, there is no measurable and verifiable information to confirm its validity. Hence the allegation is UNSUBSTANTIATED at this time.

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Nicholas Reed
LICENSING EVALUATOR SIGNATURE:
DATE: 08/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/20/2026

Control Number 31-AS-20260116105124

NARRATIVE

Regarding the allegation "Staff did not provide reasonable living arrangements" it was alleged R4 is moved to different rooms which causes them distress. Interview with R4 revealed staff have accommodated their requests to change rooms, though they want a private room. Interview with the administrator revealed R4 requested multiple room changes due to incompatibility with their roommates. Per their requests, R4 has had at least four (04) room changes, and the administrator has fulfilled their requests each time. Interviews with caregivers revealed R4 often complains, but staff do their best to accommodate their needs and follow their care plan. Record review of R4's care plan revealed they have diagnoses which may cause agitation, so staff monitor R4 for mood changes and encourage socialization. Based on interviews, observations, and record review, although the allegation may have occurred, there is no measurable and verifiable information to confirm its validity. Hence the allegation is UNSUBSTANTIATED at this time.

No immediate health or safety concerns observed during today's visit.

Exit interview conducted. Copy of report provided.

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Nicholas Reed
LICENSING EVALUATOR SIGNATURE:
DATE: 08/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/20/2026