

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610142
Report Date: 05/15/2026
Date Signed: 05/15/2026 11:15:34 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.ASC, 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 05/06/2026 and conducted by Evaluator Nicholas Reed

	COMPLAINT CONTROL NUMBER: 31-AS-20260506163711
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FACILITY NAME: ATRIA TARZANA	FACILITY NUMBER: 197610142
ADMINISTRATOR:IRMA ARTEAGA	FACILITY TYPE: 740
ADDRESS: 5325 ETIWANDA AVENUE	TELEPHONE: (818) 483-6827
CITY: TARZANA	ZIP CODE: 91356
CAPACITY: 136	DATE: 05/15/2026
	UNANNOUNCED TIME BEGAN: 09:00 AM
MET WITH: Irma Arteaga	TIME COMPLETED: 11:15 AM

ALLEGATION(S):

1	Staff do not ensure that outside vendors maintain resident privacy during
2	the provision of services
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INVESTIGATION FINDINGS:

1	At approximately 9:00 a.m. on 05/15/26 Licensing Program Analyst (LPA) Nicholas Reed conducted an unannounced complaint visit. LPA met with the administrator and disclosed the reason for the visit.
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4	Regarding the allegation "Staff do not ensure that outside vendors maintain resident privacy during the provision of services" it was alleged a performer, Performer #1 (P1), performed at the facility and filmed residents without their consent. To investigate the allegation above, LPA conducted an initial visit on 05/14/26 and interviewed staff between 2:15 p.m. and 3:15 p.m. Today, LPA interviewed residents between 9:30 a.m. and 10:45 a.m. and toured the facility inside and out at 10:00 a.m. Interview with the administrator at 2:15 p.m. on 05/14/26 revealed residents sign a consent form to be filmed as part of the admission process. The facility maintains a list of residents who do not give consent to be filmed. LPA reviewed the consent form and the list of residents at 2:50 p.m. on 05/14/26. Interview with the Activity Director at 2:45 p.m. on 05/14/26 confirmed P1 performed in April 2025. The Activity Director also noted that all residents at the performance gave consent to be filmed.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Nicholas Reed	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/15/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/15/2026

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-20260506163711

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ATRIA TARZANA	FACILITY NUMBER: 197610142
	VISIT DATE: 05/15/2026

NARRATIVE	
1	None of the residents who refused to give consent to be filmed attended the performance. Therefore, all residents at the performance had given consent to be filmed. The Activity Director noted about fifteen (15) residents were at the performance. LPA interviewed seven (07) of the fifteen (15) residents. Seven (07) out of seven (07) residents interviewed stated they had no issue with their right to privacy. All residents interviewed stated they felt staff did a good job of protecting their privacy. LPA observed a flamenco performance at approximately 3:00 p.m. on 05/14/26 in which no residents were being filmed. Based on observations, interviews, and record review, staff ensure residents' privacy is maintained from outside vendors. Therefore, the allegation is deemed UNSUBSTANTIATED at this time. No immediate health or safety concerns were observed during today's visit. Exit interview conducted. Copy of report provided.
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SUPERVISORS NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Nicholas Reed	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/15/2026
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