

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 197610191  
Report Date: 10/13/2025  
Date Signed: 10/13/2025 12:10:15 PM

### 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/30/2025** and conducted by Evaluator Gina Saucedo

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 31-AS-20250930212739</b>
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<b>FACILITY NAME:</b> GARDENS AT NORTHRIDGE, THE	<b>FACILITY NUMBER:</b> 197610191
<b>ADMINISTRATOR:</b> LISA VILLASENOR	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 17650 WEST DEVONSHIRE STREET	<b>TELEPHONE:</b> (818) 886-1616
<b>CITY:</b> NORTHRIDGE	<b>STATE:</b> CA
<b>CAPACITY:</b> 135	<b>ZIP CODE:</b> 91325
	<b>CENSUS:</b> 86
	<b>DATE:</b> 10/13/2025
<b>MET WITH:</b> Cinthia Lara-Vargas, Resident Services Director	<b>UNANNOUNCED TIME BEGAN:</b> 08:55 AM
	<b>TIME COMPLETED:</b> 12:15 PM

#### ALLEGATION(S):

1	Staff did not safeguard resident's personal belongings.
2	Staff financially abused resident.
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#### INVESTIGATION FINDINGS:

1	On 10/13/25, at 8:55am, Licensing Program Analyst (LPA) Gina Saucedo arrived at the facility to conduct an unannounced, subsequent complaint visit and was greeted by Cinthia Lara-Vargas, Resident Services Director. LPA explained the purpose of this visit was to gather additional information and deliver findings for this complaint.
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6	On 10/01/2025, Licensing Program Analyst (LPA) Gina Saucedo initiated the complaint investigation. On 10/01/25, LPA Saucedo asked for the census, staff, resident rosters, conducted a physical tour and gathered documents. On 10/13/25, LPA Saucedo interviewed additional staff and residents, conducted another physical tour, gathered additional information, and delivered findings.
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11	LIC 9099C-continued
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Troy Agard  
**LICENSING EVALUATOR NAME:** Gina Saucedo  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/13/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/13/2025

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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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 (Cont)

**FACILITY NAME:** GARDENS AT NORTHRIDGE, THE

**FACILITY NUMBER:** 197610191

**VISIT DATE:** 10/13/2025

### NARRATIVE

1 **Regarding the allegation:** Staff did not safeguard resident's personal belongings. It is being alleged  
2 that the facility staff did not safeguard resident #1 (R1)'s personal belongings. During LPA's interview  
3 with R1, R1 stated, "that they do not need help safeguarding their personal belongings and any other  
4 services. R1 continued to say that even though they can only see from one (1) eye they are  
5 independent." LPA asked if they received a SPV- Safeguards for Resident Cash, Personal Property, and  
6 Valuables form when they first arrived at the facility and R1 stated, "yes." LPA received and reviewed  
7 R1's Safeguards for Resident Cash, Personal Property, and Valuables and it was noted that R1 had a  
8 PC/desk chair, love seat and chair, bed/dresser, bedside table, several pieces of insured jewelry and it  
9 was signed on 04/25/25 by R1. When LPA conducted a physical tour of R1's room, all the items noted  
10 on the SPV form were in R1's room including a Capital One credit card that R1 stated, "there was a  
11 fraudulent, unauthorized charge but I still have my card with me." Four (4) staff were interviewed  
12 regarding R1's belongings and confirmed that R1 safeguards their own personal belongings and R1 is  
13 very independent. LPA interviewed seven (7) other residents that confirmed that they have not had any  
14 missing items from their personal belongings. Therefore, based on the LPA's observations, record  
15 review, staff and resident interviews, the above allegation(s) above is UNSUBSTANTIATED at this time.

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17 **Regarding the allegation:** Staff financially abused resident. It is being alleged that fraudulent,  
18 unauthorized charge, was made to resident #1 (R1)'s credit card. When LPA interviewed R1, R1 stated,  
19 "at 6:50am on September 28, 2025, a staff entered their room and R1 told them to leave. Then at  
20 7:01am, R1 noticed that someone had attempted to use their credit card because they received a  
21 fraudulent alert via email asking them if they had authorized a payment in the amount of \$398.15 which  
22 was declined. R1 continued by saying that they immediately pressed their pendant that is on their neck  
23 and a staff member named Kathy came in to help them search for their purse which was on the bed and  
24 Kathy returned the \$4.00 cash that was also previously missing from their purse." When LPA was  
25 interviewing R1, LPA asked R1 if all their credit cards were in their purse and R1 stated, "I have  
26 everything nothing is missing." LPA observed several credit cards and cash in R1's purse.  
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28 LIC 9099C-continued  
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**SUPERVISORS NAME:** Troy Agard  
**LICENSING EVALUATOR NAME:** Gina Saucedo  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/13/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/13/2025

LIC9099 (FAS) - (06/04)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

STE. 250  
WOODLAND HILLS, CA 91364

**FACILITY NAME:** GARDENS AT NORTHRIDGE, THE

**FACILITY NUMBER:** 197610191

**VISIT DATE:** 10/13/2025

**NARRATIVE**

1 During the investigation, LPA was made aware that the staff that R1 had mentioned was working that  
2 day. Staff #1 (S1) works in the memory care area of the facility. LPA interviewed S1 and asked if they  
3 had any encounters with R1 and S1 stated, "no, I work in the Memory Care area so I don't go to the  
4 Assisted Living Area unless there is a major problem." In addition, LPA spoke to R1's son via telephone  
5 and R1's son stated, "that R1 makes a lot of purchases online."  
6  
7 Furthermore, LPA obtained the pendant, alarm history for R1 and of R1's room number for September  
8 28<sup>th</sup> 2025. R1 pressed their pendant three (3) times on September 28, 2025. It was at 12:07pm, 4:47pm  
9 and 6:00pm. There was no pendant pressed from R1 and R1's room at 7:01am on September 28, 2025  
10 which R1 stated. Four (4) staff also confirmed that R1 does not need any help with any services except  
11 for taking out the trash and removing/making up their bed which is until 11:00am or so when R1 wakes  
12 up. Staff #2 (S2) stated that on September 28, 2025, R1 made another report at 7:00pm that their credit  
13 card was used for \$46.01 online again for VIP GOATED which is for video games. In addition, LPA  
14 interviewed Staff # 3 (S3) that was assigned to R1's room on September 28, 2025 and S3 stated, "they  
15 did not go to R1's room until 12:00pm or so when R1 pressed their pendant." S3 then helped R1 find  
16 their purse and credit cards because R1 is blind in one (1) eye R1 needed help locating their purse and  
17 the S3 stated, "that R1 had some money in their purse with all their credit cards, no credit cards were  
18 missing because R1 specifically asked them to check for a specific credit card which was also there."  
19 Therefore, based on the LPA's observations, staff and resident interviews, the above allegation(s) above  
20 is UNSUBSTANTIATED at this time.  
21 An exit interview was conducted, no citation(s) were issued, and a copy of this report was given to the  
22 executive director.  
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**SUPERVISORS NAME:** Troy Agard  
**LICENSING EVALUATOR NAME:** Gina Saucedo  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 10/13/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 10/13/2025