

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610191
Report Date: 04/24/2026
Date Signed: 04/24/2026 03:56:30 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/20/2025** and conducted by Evaluator Abeye Duguma

	COMPLAINT CONTROL NUMBER: 31-AS-20251220163614
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FACILITY NAME:	GARDENS AT NORTHRIDGE, THE	FACILITY NUMBER:	197610191
ADMINISTRATOR:	LISA VILLASENOR	FACILITY TYPE:	741
ADDRESS:	17650 WEST DEVONSHIRE STREET	TELEPHONE:	(818) 886-1616
CITY:	NORTHRIDGE	ZIP CODE:	91325
CAPACITY:	135	DATE:	04/24/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	12:45 PM
	CENSUS: 114	TIME	03:30 PM
MET WITH:	Cynthia Lara-Vargas	COMPLETED:	

ALLEGATION(S):

1	Staff did not provide adequate supervision to prevent harm by another resident resulting in a fracture.
2	Staff did not intervene to prevent inappropriate physical contact between residents.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Abeye Duguma conducted an unannounced subsequent complaint visit to the facility, met with Cynthia Lara-Vargas, and explained the reason for the visit.
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3	
4	--- Staff did not provide adequate supervision to prevent harm by another resident resulting in a fracture.
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6	It was alleged that Resident #1 (R1) was pushed down by Resident #2 (R2) at the facility causing injury.
7	To investigate the allegation, on March 18, 2026, LPA requested documents at around 9:30 a.m. and interviewed three (03) staff from 10:30a.m. – 12:00p.m., seven (07) residents from 12:00p.m. to 2:30p.m.
8	On April 24, 2026, LPA interviewed an additional three (03) residents at around 01:30p.m. A review of the
9	Serious Incident Report states on December 12, 2025, resident was observed on the floor and per R1,
10	was walking using their walker and when R1 felt someone touch them from behind, they tried to turn
11	around to see, lost their balance and fell. R1 complained of pain on the right shoulder and emergency
12	services were contacted. (CONT. on LIC9099-C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Abeye Duguma	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/24/2026

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 3
Control Number 31-AS-20251220163614

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: GARDENS AT NORTHRIDGE, THE	FACILITY NUMBER: 197610191
	VISIT DATE: 04/24/2026

NARRATIVE	
1	A review of the Department's incident report log shows there were no incident reports for R2 prior to this
2	alleged incident. A review of physician's reports and needs and service plan for R1 states resident is
3	level two (02) with Mild Cognitive Impairment, is able to translocate and able to perform activities of daily
4	living with some assistance. R1 is unable to leave the facility unassisted. A review of physician's reports
5	and needs and service plan for R2 states resident is a level one (01) with Mild Cognitive Impairment,
6	disorientation with days of the week, however, all other behavioral expressions state that R2 has
7	impulse control, does not hallucinate, elope or wander. R2 is also ambulatory and able to leave the
8	facility unassisted. A review of the staff schedule for December 19, 2025 shows there were at least four
9	(04) caregivers and two (02) MedTechs per shift. During interviews, all staff stated they did not witness
10	the incident but were in the area, approximately twenty (20) feet from the incident, and immediately went
11	to R1's aid and called for emergency services. Staff #1 (S1) and Staff #2 (S2) stated when they asked
12	the residents, R1 explained they were touched on the shoulder and lost balance when trying to look
13	back. Staff added all residents are checked on at minimum every two (02) hours. During interviews with
14	residents, R1 stated they were feeling dizzy that day and R2 was always too excited to get their
15	attention and tapped R1 on the shoulder. R1 explained that the fall was a result of trying to look back at
16	the same time. R1 added R2 would wait by the doorway to get an opportunity to speak with R1 and
17	found it strange. R1 explained the tap may have been too hard and could have been gentler in trying to
18	get their attention. R1 added R2 has a relationship partner now and is no longer a bother. R1 feels there
19	is adequate supervision in the facility. R2 stated they have never physically assaulted anyone. All other
20	residents stated they have never experienced an altercation with R2 or witnessed R2 having any
21	physical alterations with other residents.
22	
23	Based on interviews and record review, there is not enough information to verify the allegation.
24	Therefore, the allegation is UNSUBSTANTIATED at this time.
25	
26	--- Staff did not intervene to prevent inappropriate physical contact between residents.
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28	
29	It was alleged that R2 kissed R1 on the forehead on December 17, 2025, got super close, and made R1
30	uncomfortable. To investigate the allegation, on March 18, 2026, LPA requested documents at around
31	9:30 a.m., interviewed three (03) staff from 10:30a.m. – 12:00p.m., seven (07) residents from 12:00p.m.
32	to 2:30p.m. On April 24, 2026, LPA interviewed an additional three (03) residents at around 10:30a.m. (CONT on LIC9099-C)

SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Abeye Duguma	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/24/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,
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**COMPLAINT INVESTIGATION REPORT
(Cont)**

STE. 250
WOODLAND HILLS, CA 91364

FACILITY NAME: GARDENS AT NORTHRIDGE, THE

FACILITY NUMBER: 197610191

VISIT DATE: 04/24/2026

NARRATIVE

1 A review of the Department's incident report log shows there were no incident reports for R2 prior to this
2 alleged incident. A review of physician's reports and needs and service plan for R2 shows resident is a
3 level one (01) with Mild Cognitive Impairment, disorientation with days of the week, however, all other
4 behavioral expressions state that R2 has impulse control, does not hallucinate, elope or wander. During
5 interviews, all staff stated they are not aware of R2 kissing R1 on the forehead or aware of R2 making
6 R1 feel uncomfortable. During interviews with residents, R1 stated R2 kissed them on the forehead and
7 made them uncomfortable. R1 added they feel safe in the community around R2 as they are no longer
8 pursuing a relationship. R2 stated they do not recall kissing R1 on the forehead. All other residents
9 stated they feel safe in the community and have not witnessed any inappropriate contact between R2
10 and R1.
11
12 Based on interviews and record review, there is not enough information to verify the allegation.
13 Therefore, the allegation is UNSUBSTANTIATED at this time.
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15 No health and safety hazards noted during the visit.
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17 Exit interview conducted and a copy of the report was issued.
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