

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610227
Report Date: 03/16/2026
Date Signed: 03/16/2026 11:10:04 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 **01/27/2026** and conducted by Evaluator Gina Saucedo

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20260127155509
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FACILITY NAME:	GARDEN GROVE ASSISTED LIVING, INC	FACILITY NUMBER:	197610227
ADMINISTRATOR:	ALVINA GALUSTYAN	FACILITY TYPE:	740
ADDRESS:	8525 GARDEN GROVE AVENUE	TELEPHONE:	(818) 678-9858
CITY:	NORTHRIDGE	ZIP CODE:	91325
CAPACITY:	6	DATE:	03/16/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	10:28 AM
	CENSUS: 3	TIME COMPLETED:	11:25 AM
MET WITH:	Alvina Galustyan, Administrator		

ALLEGATION(S):

1	Staff did not prevent a resident from developing a pressure injury while in care.
2	Staff did not feed a resident in care.
3	Staff did not provide sufficient drinking water to resident in care.
4	Staff did not allow resident to receive telephone calls.
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INVESTIGATION FINDINGS:

1	On 03/16/26, at 10:28am, Licensing Program Analyst (LPA) Gina Saucedo arrived at the facility to
2	conduct an unannounced, subsequent complaint visit and was greeted by Administrator, Alvina
3	Galustyan. LPA explained the purpose of this visit was to gather additional information and deliver
4	findings for this complaint.
5	
6	On 01/30/26, LPA Saucedo conducted the initial visit. On 01/30/26, LPA Saucedo asked for the census,
7	staff, and resident rosters. On 01/30/26, LPA Saucedo conducted a physical tour and obtained relevant
8	documents pertaining to resident #1 (R1)-Pre-Placement Appraisal, Medical Assessment, Identification
9	and Emergency Information. On 03/16/26, LPA Saucedo conducted another physical tour.
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11	LIC 9099C-continued
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Gina Saucedo	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/16/2026

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-20260127155509

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: GARDEN GROVE ASSISTED LIVING, INC	FACILITY NUMBER: 197610227
	VISIT DATE: 03/16/2026

NARRATIVE	
1	Regarding the allegation: Staff did not prevent a resident from developing a pressure injury while
2	in care. It is being alleged that Resident #1 (R1) had a pressure injury in their sacral area. LPA obtained
3	medical records from Northridge Hospital, and it was determined that R1 had a Stage 1 pressure injury
4	on their sacrum. Staff #1 (S1) confirmed that R1 was under "Prosper Home Health," which provided
5	services to R1 such as taking blood work, issuing medication, and assisting R1 with showers. During
6	LPA's record review of the facility and medical records from Northridge Hospital, it was determined that
7	R1 had Stage 4 choriocarcinoma cancer with metastasis. During LPA's interview with the nurse who was
8	providing care to R1 through Home Health, the nurse stated, "R1 was not being provided wound care
9	because R1 did not have a wound." Therefore, based on the record review and interviews conducted,
10	the allegation is UNSUBSTANTIATED at this time.
11	
12	Regarding the allegation: Staff did not feed a resident in care. It is being alleged that Resident #1
13	(R1) was not being fed due to them not being able to walk to the dining area. LPA interviewed two (2)
14	residents who confirmed they receive all their meals regardless of whether they eat in the dining area or
15	not. One (1) resident confirmed that if they do not feel well, the caregiver brings the meal to their room.
16	During LPA's interview with R1's sister, they stated that when they visited R1, R1 had leftover food in
17	their room. During LPA's staff interviews, both staff confirmed that R1 became very sick and would not
18	eat all the time. Both stated, "Even if we would take the food to R1's room, it would sometimes stay
19	untouched." During LPA's interview with Staff #1 (S1), S1 confirmed that R1 had cancer and was
20	declining very quickly. S1 also stated that R1's medical assessment had to be updated because when
21	R1 first arrived at the facility, R1 did not have a special diet and did not require incontinence care;
22	however, due to the health decline, R1 was later placed on a special diet and required incontinence
23	assistance. During LPA's record review of the facility and medical records from Northridge Hospital, it
24	was determined that R1 had Stage 4 choriocarcinoma cancer. Therefore, based on the record review
25	and interviews conducted, the allegation is UNSUBSTANTIATED at this time.
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29	LIC 9099C-continued
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SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Gina Saucedo	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/16/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 31-AS-20260127155509

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: GARDEN GROVE ASSISTED LIVING, INC

FACILITY NUMBER: 197610227

VISIT DATE: 03/16/2026

NARRATIVE

1 Regarding the allegation: **Staff did not provide sufficient drinking water to a resident in care.** It is
2 being alleged that Resident #1 (R1) seemed extremely thirsty at times. LPA interviewed two (2)
3 residents who confirmed they receive all their meals and do not have any issues obtaining drinks. One
4 (1) resident stated they like to drink sodas, and the other resident stated they can drink whatever
5 beverages the facility has available. During LPA's physical tour of the garage, cases of bottled water
6 were observed. During LPA's interview with R1's sister, they stated that when they visited R1, R1 had
7 drank multiple water bottles. During LPA's staff interviews, two (2) staff confirmed that there is plenty of
8 food and different drinks available for the residents, including water. Both staff also confirmed that R1
9 was diabetic and at times drank a lot of water and had multiple water bottles in their room. During LPA's
10 record review, it was determined that R1 was diabetic. Therefore, based on the record review and
11 interviews conducted, the allegation is UNSUBSTANTIATED at this time.
12
13 Regarding the allegation: **Staff did not allow a resident to receive telephone calls.** It is being alleged
14 that Resident #1 (R1) had no phone privileges. During LPA's visit on 01/30/26, LPA observed the facility
15 phone ring, and it was for a resident who did not have their own cell phone; the resident was able to use
16 the facility phone. LPA interviewed two (2) other residents who have their own cell phones and do not
17 need to use the facility phone. During LPA's interview with Staff #1 (S1), who stated that R1 did not have
18 their own cell phone but did receive phone calls from their sister at the facility. S1 also stated that at
19 times R1 was too sick to speak with their sister and would decline the phone calls. Staff #2 (S2) stated
20 that R1 was able to walk when they first came to the facility, but when their health declined, R1 preferred
21 to stay in their room and not speak to anyone. Therefore, based on the record review and interviews
22 conducted, the allegation is UNSUBSTANTIATED at this time.
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25 An exit interview was conducted, no citation(s) issued, and a copy of this report was given to the
26 Administrator.
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SUPERVISORS NAME: Troy Agard
LICENSING EVALUATOR NAME: Gina Saucedo
LICENSING EVALUATOR SIGNATURE:

DATE: 03/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/16/2026