

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610366

Report Date: 01/22/2026

Date Signed: 01/27/2026 10:05:26 AM

Substantiated

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 **11/03/2025** and conducted by Evaluator Nicholas Reed

	COMPLAINT CONTROL NUMBER: 31-AS-20251103082907
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FACILITY NAME: SAVANT OF TARZANA	FACILITY NUMBER: 197610366
ADMINISTRATOR: NARINE MERTKHANYAN	FACILITY TYPE: 740
ADDRESS: 5711 RESEDA BLVD	TELEPHONE: (818) 996-2022
CITY: TARZANA	ZIP CODE: 91356
CAPACITY: 176	DATE: 01/22/2026
MET WITH: Narine Mertkhanyan	UNANNOUNCED TIME BEGAN: 12:45 PM
	TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1	Licensee did not comply with the terms of a resident's admission agreement
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INVESTIGATION FINDINGS:

1	At approximately 12:45 p.m. on 01/22/26 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	To investigate the allegation above, LPA conducted an initial visit on 11/05/25 and interviewed residents and staff between 10:35 a.m. and 1:15 p.m., toured the facility inside and out at 11:30 a.m., and
5	conducted a record review of pertinent records, including but not limited to admission agreements, rent
6	statements, and a resident roster at 12:30 p.m. Today, LPA toured the facility at approximately 1:00 p.m.
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9	Regarding the allegation "Licensee did not comply with the terms of a resident's admission agreement" it
10	was alleged the facility overcharged Resident #1 (R1) about \$400 per month since approximately April
11	2023. Interview with the Vice President of Regional Operations at 11:35 a.m. on 11/05/25 revealed only
12	the Business Office Manager (BOM) deals with resident rent collections. Interview with the BOM at 12:00
13	p.m. on 11/05/25 revealed they were not aware of R1's overpayment, but they promptly worked to correct

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Nicholas Reed
LICENSING EVALUATOR SIGNATURE: _____
DATE: 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 01/22/2026

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-20251103082907

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
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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: SAVANT OF TARZANA **FACILITY NUMBER:** 197610366
VISIT DATE: 01/22/2026

NARRATIVE	
1	the issue. LPA and the BOM reviewed R1's admission agreement and ledger of charges which revealed
2	that R1 was charged about \$3,500 each month since April 2023. In June 2024, R1 increased their
3	payments to \$4000 each month. The current balance owed back to R1 is documented and calculated
4	correctly. The BOM also discussed the balance with R1 and their representatives and resolved the
5	matter. LPA also reviewed admission agreements and rent statements of five (05) other residents who
6	were admitted around the same time as R1, and zero (00) of the five (05) residents were overcharged.
7	However, further review of the ledger of charges and admission agreement of Resident #2 (R2) at 12:00
8	p.m. on 12/24/25 revealed they were not charged the same amount listed on their admission agreement.
9	R2 was charged less for the month of October 2025 than listed on their admission agreement.
10	Furthermore, R1's admission agreement and ledger of charges showed R1 was charged a pro-rated
11	amount for the day of 03/31/23, but the facility was not licensed until 04/01/23. Based on interviews and
12	record review, the licensee did not comply with the terms of R2's admission agreement and charged R1
13	for a day which they resided under the previously licensed facility Summit Assisted Living of Tarzana
14	(License Number 197610186). Therefore, the allegation is deemed SUBSTANTIATED at this time. A
15	deficiency is issued on the corresponding LIC 9099-D page.
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17	No immediate health or safety concerns were observed during this visit.
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19	Exit interview conducted. Appeal rights discussed. Copy of report provided.
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SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Nicholas Reed
LICENSING EVALUATOR SIGNATURE: _____
DATE: 01/22/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 01/22/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 31-AS-20251103082907

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

BLVD., STE. 250
WOODLAND HILLS, CA 91364

FACILITY NAME: SAVANT OF TARZANA

FACILITY NUMBER: 197610366

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/22/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Request Denied Type B 02/02/2026 Section Cited CCR 87507(f)</p>	<p>1 87507 Admission Agreements 2 (f) The licensee shall comply with all 3 applicable terms and conditions set 4 forth in the admission agreement, 5 including all modifications and 6 attachments.This requirement was not 7 met as evidenced by:</p>	<p>1 The licensee will submit proof of an in- 2 service training regarding the cited 3 section by the POC due date. 4 5 6 7</p>
	<p>8 Based on record review and interviews, 9 the licensee did not comply with the 10 section cited above by not complying 11 with the terms of the admission 12 agreements of two (02) residents which 13 posed a potential risk to the Health, 14 Safety, or Personal Rights of persons in care.</p>	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Nicholas Reed	
LICENSING EVALUATOR SIGNATURE:	DATE: 01/22/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/22/2026