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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610366
Report Date: 06/30/2026
Date Signed: 06/30/2026 04:31:13 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.ASC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/27/2026** and conducted by Evaluator Nicholas Reed

	COMPLAINT CONTROL NUMBER: 31-AS-20260427110812

FACILITY NAME:	SAVANT OF TARZANA			**FACILITY NUMBER:**	197610366
ADMINISTRATOR:	NARINE MERTKHANYAN			**FACILITY TYPE:**	740
ADDRESS:	5711 RESEDA BLVD			**TELEPHONE:**	(818) 996-2022
CITY:	TARZANA	**STATE:** CA		**ZIP CODE:**	91356
CAPACITY:	176	**CENSUS:** 128		**DATE:**	06/30/2026
		UNANNOUNCED		**TIME BEGAN:**	10:00 AM
MET WITH:	Narine Mertkhanyan			**TIME COMPLETED:**	04:35 PM

ALLEGATION(S):

1	Staff do not monitor resident for changes in condition
2	Resident fell sustaining injuries due to lack of supervision
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INVESTIGATION FINDINGS:

1	At approximately 10:00 a.m. on 06/30/26 Licensing Program Analyst (LPA) Nicholas Reed conducted an
2	unannounced complaint visit. LPA met with the administrator and disclosed the reason for the visit.
3	
4	To investigate the allegations above, LPA conducted an initial visit on 04/29/26 and interviewed staff and
5	residents between 12:30 p.m. and 1:45 p.m., requested pertinent records at 1:15 p.m., and toured the
6	facility inside and out at 2:00 p.m. Today, LPA conducted a record review of pertinent records, including
7	but not limited to an admission agreement, medical assessment, care plan, and staff and client rosters at
8	10:05 a.m. and toured the facility inside and out at 10:30 a.m.
9	
10	Regarding the allegation "Staff do not monitor resident for changes in condition" it was alleged Resident
11	#1 (R1) showed signs of cognitive impairment which were not addressed by staff. Also, R1 reported a fall
12	which staff were not aware of. Interview with R1 at 1:00 p.m. on 04/29/26 revealed they felt fine after two
13	(02) falls in April 2026 and received adequate care from staff.

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Nicholas Reed
LICENSING EVALUATOR SIGNATURE:
DATE: 06/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/30/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 31-AS-20260427110812

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 (Cont)	

FACILITY NAME: SAVANT OF TARZANA **FACILITY NUMBER:** 197610366
VISIT DATE: 06/30/2026

NARRATIVE

R1 stated staff were aware of both falls. LPA observed R1 to be in good condition. Interview with the administrator at 12:45 p.m. on 04/29/26 revealed the facility was aware of R1's falls and submitted incident reports for both. Interview with the Wellness Director at 1:20 p.m. on 04/29/26 revealed the facility followed standard fall protocol and reassessed R1's needs on 04/20/26. Record review of R1's medical assessment, care plan, and hospital discharge paperwork showed no changes in condition. R1's medical assessment revealed a diagnosis of minor cognitive impairment which was addressed on R1's care plan and reassessment form. Record review also confirmed the facility submitted incident reports for both of R1's falls. Staff also documented the falls in their daily notes and monitored R1 for pain. Based on observations, interviews, and record review, there is insufficient evidence to verify the allegation. Therefore, the allegation is deemed UNSUBSTANTIATED at this time.

Regarding the allegation "Resident fell sustaining injuries due to lack of supervision" it was alleged R1 fell during a walk outside of the facility which should have been supervised. Interview with R1 revealed they walk outside every day and have done so for twenty (20) years. R1 noted they do not require supervision while walking. Interviews with the administrator and Wellness Director confirmed R1 goes on daily walks and does not require supervision. R1 was assessed by the facility on 04/20/26 and was determined to not require assistance with walking. Record review of R1's medical assessment deemed them capable of leaving the facility without assistance or supervision. Based on interviews and record review, R1 did not fall due to lack of supervision since R1 did not require supervision. 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.

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Nicholas Reed
LICENSING EVALUATOR SIGNATURE:
DATE: 06/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/30/2026