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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610370
Report Date: 08/25/2026
Date Signed: 08/25/2026 11:55:36 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 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 **10/21/2025** and conducted by Evaluator Raymond Comer

	COMPLAINT CONTROL NUMBER: 31-AS-20251021083505

FACILITY NAME:	MELROSE GARDENS			**FACILITY NUMBER:**	197610370
ADMINISTRATOR:	VILLEGAS, MARCO			**FACILITY TYPE:**	740
ADDRESS:	960 N. MARTEL AVENUE			**TELEPHONE:**	(323) 876-1746
CITY:	LOS ANGELES	**STATE:** CA		**ZIP CODE:**	90046
CAPACITY:	100	**CENSUS:** 50		**DATE:**	08/25/2026
		UNANNOUNCED		**TIME BEGAN:**	10:40 AM
MET WITH:	Joseph "Yossi" Wieder-Administrator			**TIME COMPLETED:**	11:40 AM

ALLEGATION(S):

1	Staff did not administer resident's medication.
2	Staff are rude to residents.
3	
4	
5	
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9	

INVESTIGATION FINDINGS:

1	On 8/25/26, Licensing Program Analyst, (LPA) Raymond Comer, arrived to conduct a subsequent visit
2	regarding the allegation listed above. LPA conducted the initial complaint visit on 10/28/25. LPA met with
3	facility Administrator, presented official CDSS badge identification, and reason for the visit was disclosed.
4	
5	At 10:50 am, LPA conducted a physical plant tour; no health and safety issues were observed.
6	
7	Allegation: Staff did not administer residents's medication.
8	
9	It was alleged that on 10/17/25, Staff #1 (S1) withheld Resident #1's (R1) insulin. To investigate the
10	allegation, LPA interviewed two (2) staff, and eight (8) residents; both staffers refute the allegation and
11	stated they do not refuse residents their medications.
12	[LIC 9099C] Continued-
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Raymond Comer
LICENSING EVALUATOR SIGNATURE:
DATE: 08/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/25/2026

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

Control Number 31-AS-20251021083505

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250
WOODLAND HILLS, CA 91364

FACILITY NAME: MELROSE GARDENS **FACILITY NUMBER:** 197610370
VISIT DATE: 08/25/2026

NARRATIVE

Based on records review and staff interviews, R1 was provided their medications as prescribed. S1 stated to LPA that they did not work at the facility on 10/17/25; a review of the facility staff schedule shows S1 was not scheduled to work on the date of the alleged incident. LPA documents reviewed revealed the following: R1 is able to perform their own glucose testing, and administer their own medication injections with some assistance by staff.

Based on interviews and records review, the allegation is **unsubstantiated** at this time.

Allegation: Staff are rude to residents. It was alleged that Staff#1 (S1) treats Resident#1 (R1) and other residents rudely. To investigate this allegation, LPA interviewed eight (8) out of a total fifty-four (54) residents. Seven (7) out of eight (8) residents interviewed stated to LPA that they have no issues with staff temperament and are treated respectfully by staff.

Based on interviews and record review, the allegation is **unsubstantiated** at this time.

Exit interview conducted and a copy of the report was issued.

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Raymond Comer
LICENSING EVALUATOR SIGNATURE:
DATE: 08/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/25/2026