

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 197610403

Report Date: 02/26/2026

Date Signed: 02/26/2026 01:28:42 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/08/2025** and conducted by Evaluator Raymond Comer

	<b>COMPLAINT CONTROL NUMBER: 31-AS-20250508163945</b>
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<b>FACILITY NAME:</b> SAVANT OF WEST HOLLYWOOD	<b>FACILITY NUMBER:</b> 197610403
<b>ADMINISTRATOR:</b> ADAM SYNCHEFF	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1025 N FAIRFAX AVE	<b>TELEPHONE:</b> (323) 656-7900
<b>CITY:</b> LOS ANGELES	<b>ZIP CODE:</b> 90046
<b>CAPACITY:</b> 130	<b>DATE:</b> 02/26/2026
<b>MET WITH:</b> Adam Syncheff-Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 11:30 AM
	<b>TIME COMPLETED:</b> 02:00 PM

### ALLEGATION(S):

1	Staff did not assist resident in a timely manner.
2	Staff physically force-fed resident medication.
3	Staff hit and mishandled resident.
4	Staff do not provide sufficient activities to resident.
5	
6	
7	
8	
9	

### INVESTIGATION FINDINGS:

1	On Thursday, 2/26/26, Licensing Program Analyst, (LPA) Raymond Comer conducted a subsequent visit
2	to the facility to complete investigation of the above allegation(s). LPA conducted the initial complaint visit
3	on 05/15/25, at which time LPA spoke with Executive Director at 8:05am and discussed the allegations.
4	
5	At 8:15am, LPA requested and received residents' facility file, including but not limited to physician report,
6	need and service plan, Medication Administration and Destruction (MAR) records, incident reports,
7	activity schedule, and other pertinent documents. Records were reviewed at 11:05 am. Between 11:25
8	am and 2:40 pm, LPA conducted interviews with the Administrator, three (3) Staff, and Responsible family
9	member involved with R1's care provided at the facility.
10	At the time of this visit, at 11:45 am, LPA requested and reviewed additional facility files including facility
11	incident reports, and other records. In addition, Between 12:00pm and 1:35 pm, LPA interviewed
12	additional residents.
13	[LIC9099C] Continued-

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Naira Margaryan  
**LICENSING EVALUATOR NAME:** Raymond Comer  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/26/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/26/2026

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

LIC9099 (FAS) - (06/04)

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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:** SAVANT OF WEST HOLLYWOOD

**FACILITY NUMBER:** 197610403

**VISIT DATE:** 02/26/2026

### NARRATIVE

1 Allegation: Staff did not assist resident in a timely manner.  
2

3 It was reported that R1 was admitted to the hospital due to a fall incident resulting in subdural  
4 hematoma. R1 had a history of multiple falls.  
5 The Administrator and staff stated that on 04/29/25, at around 7PM, R1 had an un-witnessed fall in their  
6 bedroom. R1 was found on the floor by staff #1 (S1). R1 told S1 that they slid down from bed. S1  
7 assessed a resident, offered to send them to the hospital and R1 refused. Later, R1 complained of  
8 headache and agreed to go to the hospital. Upon returning to the community, R1 was monitored to  
9 prevent possible falls.  
10 S1 and other staff verified the information revealed by ED. Staff present in the facility deny neglecting  
11 R1 or other residents, indicating that R1, and other residents, are observed and assessed as per their  
12 needs and service plan. Most residents are being checked every 2 hours, and more often if needed.  
13 Other residents interviewed during investigation had no concerns regarding their care and supervision.  
14 An interview of a witness did not reveal any information to support the allegation. A review of R1's facility  
15 file and incident reports verify the information revealed by staff.  
16

17 Based on interviews and record review, it was concluded that although the allegation may have  
18 happened, there was not sufficient information to verify validity of the complaint. Hence, the allegation is  
19 **UNSUBSTANTIATED** at this time.  
20

21 Allegation: Staff did not assist resident(s) in a timely manner. Concerns were addressed that staff take  
22 long time to respond to a resident #1 (R1) for assistance. R1 alleges waiting for help sometimes 30  
23 minutes, to 2 hours.  
24 LPA interviews with Staff revealed the following: Staff stated that their response time to the residents'  
25 requiring assistance is ten (10) minutes on average.  
26 Residents interviewed during investigation had no concerns regarding timely assistance. During physical  
27 plant inspection, LPA checked call buttons from the residents' rooms and staff responded within 10-12  
28 min.  
29 Records reviewed by LPA did not reveal any information to verify the allegation.  
30

31 Based on inspection, observation, interviews and record review, there is insufficient information to verify  
32 the allegation. Therefore, the allegation is **UNSUBSTANTIATED** at this time.

[LIC9099C] Continued-

**SUPERVISORS NAME:** Naira Margaryan  
**LICENSING EVALUATOR NAME:** Raymond Comer  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/26/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/26/2026

LIC9099 (FAS) - (06/04)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,  
STE. 250  
WOODLAND HILLS, CA 91364

**FACILITY NAME:** SAVANT OF WEST HOLLYWOOD

**FACILITY NUMBER:** 197610403

**VISIT DATE:** 02/26/2026

**NARRATIVE**

1 Allegation: Staff physically force-fed resident medication.  
2

3 It was reported that while R1 was complaining of pain, two (2) nurses came to R1's room and offered a  
4 Tylenol, which R1 refused; Staff forced the pill into R1's mouth.

5 During investigation, staff denied force-feeding medication to R1, or any other residents. The residents  
6 interviewed during investigation did not address any concerns regarding their medication assistance. A  
7 review of R1's medication records revealed that R1 had pain medication (Tylenol) as a PRN and it was  
8 dispensed to R1 as needed. No verifiable information was available during this investigation to support  
9 the allegation.

10 Therefore, based on interviews and record review, the allegation is **UNSUBSTANTIATED** at this time.  
11

12 Allegation: Staff hit and mishandled the resident.  
13

14 It was reported that staff are rude to R1. They physically strike R1. While changing R1, Two (2) staff  
15 slammed R1 against the wall and pushed their head between the rails of the bed.

16 The Administrator and staff denied being rude, mishandling and/or hitting any residents.  
17 Residents interviewed during investigation stated that staff assist residents with respect, are gentle, and  
18 never hit anyone. Facility records did not provide any information to verify the allegation.  
19

20 Therefore, based on interviews and record review, the allegation is **UNSUBSTANTIATED** at this time.  
21  
22

23 Allegation: Staff do not provide sufficient activities for resident. It was reported that staff do not give R1  
24 enough therapy like walking around etc.  
25

26 The Administrator and staff stated they provide activities in the morning, in the afternoon and before  
27 bedtime. All residents are notified of scheduled activities, and it is their choice if they want to participate.  
28 Residents verified the information provided by the staff.

29 A review of activity schedule verified that throughout the day, facility provides different activities to all  
30 residents. During investigation, LPA Comer observed residents participating in various activities.  
31 Overall investigation did not reveal any sufficient information to support the allegation.  
32

**SUPERVISORS NAME:** Naira Margaryan

**LICENSING EVALUATOR NAME:** Raymond Comer

**LICENSING EVALUATOR SIGNATURE:**

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