

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610442
Report Date: 06/25/2025
Date Signed: 06/25/2025 03:33:09 PM

Unsubstantiated

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 **06/19/2025** and conducted by Evaluator Nicholas Reed

	COMPLAINT CONTROL NUMBER: 31-AS-20250619143905
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FACILITY NAME: LEISURE VALE ASSISTED LIVING	FACILITY NUMBER: 197610442
ADMINISTRATOR: ANGELA SMITH	FACILITY TYPE: 740
ADDRESS: 413 E. CYPRESS STREET	TELEPHONE: (818) 244-2323
CITY: GLENDALE	STATE: CA ZIP CODE: 91205
CAPACITY: 199	CENSUS: 178 DATE: 06/25/2025
MET WITH: Angela Smith	UNANNOUNCED TIME BEGAN: 11:00 AM
	TIME COMPLETED: 03:45 PM

ALLEGATION(S):

1	Staff do not communicate with responsible party regarding resident's care
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INVESTIGATION FINDINGS:

1	At approximately 11:00 a.m. on 06/25/25 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 allegation above, LPA interviewed the administrator, staff, and residents between 11:15
5	a.m. and 3:00 p.m. today, conducted a record review of pertinent records, including but not limited to an
6	admission agreement, medical assessment, care plan, and staff and client rosters at 11:30 a.m., and
7	toured the facility inside and out at 12:15 p.m.
8	
9	Regarding the allegation "Staff do not communicate with responsible party regarding resident's care" it
10	was alleged facility staff have not provided care updates to the responsible party (RP) of Resident #1
11	(R1). Record review of R1's facility file revealed they had a different RP from November 2022 until March
12	2025. R1's current RP tookover and became their Power of Attorney on 03/31/25. Review of R1's
13	hospice records indicated their most recent care plan update occurred on 02/03/25.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Nicholas Reed
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/25/2025

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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Control Number 31-AS-20250619143905

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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: LEISURE VALE ASSISTED LIVING

FACILITY NUMBER: 197610442

VISIT DATE: 06/25/2025

NARRATIVE

- 1 No changes have been to R1's care since then. Interview with the administrator today at 11:30 a.m.
- 2 revealed they have communicated all aspects of R1's care with the RP and spoke to the RP yesterday.
- 3 The administrator also provided contact information of other members of R1's care team to provide
- 4 medication updates and documentation. Interview with R1 at 2:45 p.m. today revealed they are satisfied
- 5 with all aspects of their care. R1 also noted they are informed of all aspects of care by the facility and
- 6 care team. R1 did not know of any concerns from their RP. Interview with Staff #1 (S1) at 3:00 p.m.
- 7 today revealed they have also communicated directly with the RP about R1's care.
- 8
- 9 Based on interviews and record review, the facility has communicated with R1 and their responsible
- 10 person for all care updates. Therefore, the allegation is deemed UNSUBSTANTIATED at this time.
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- 12 Exit interview conducted. Copy of report provided.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Nicholas Reed
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/25/2025