

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610442

Report Date: 01/28/2026

Date Signed: 01/28/2026 02:47:44 PM

Unfounded

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/22/2026** and conducted by Evaluator Leslie Ngo-Castaneda

	COMPLAINT CONTROL NUMBER: 31-AS-20260122155004
--	---

FACILITY NAME: LEISURE VALE ASSISTED LIVING	FACILITY NUMBER: 197610442
ADMINISTRATOR: STEPHANIE ODEN	FACILITY TYPE: 740
ADDRESS: 413 E. CYPRESS STREET	TELEPHONE: (818) 244-2323
CITY: GLENDALE	ZIP CODE: 91205
CAPACITY: 199	DATE: 01/28/2026
MET WITH: STEPHANIE ODEN- Executive Director	UNANNOUNCED TIME BEGAN: 09:20 AM
	TIME COMPLETED: 03:15 PM

ALLEGATION(S):

1	Staff did not include resident's representative in care decisions.
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Leslie Ngo-Castaneda made an initial complaint visit to investigate the above noted allegations. LPA was greeted by Executive Director (S1) and explained the purpose of this visit.
2	
3	
4	
5	It was reported that Resident #1 (R1) was transferred to Culver City Skilled Nursing Care facility from the hospital and R1's responsible party was not involved in decision making process. Per reporting party, R1 lives in Glendale and there is no justification to send R1 far away,
6	
7	
8	
9	To investigate the allegation at 9:30am, LPA spoke with Executive Director (ED), who revealed that resident #1 (R1) is upset with the hospital arrangements. From th hospital R1 was discharge to a SNF that is not of their preference. The Facility has nothing to do with the transfer or decision-making process of the hospital. Prior to this visit on 01/23/26. LPA Ngo Castaneda spoke with R1's responsible party,
10	
11	
12	
13	Continue to LIC 9099-C

Unfounded	Estimated Days of Completion:
------------------	--------------------------------------

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Leslie Ngo-Castaneda
LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2026

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 2

Control Number 31-AS-20260122155004

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: LEISURE VALE ASSISTED LIVING

FACILITY NUMBER: 197610442

VISIT DATE: 01/28/2026

NARRATIVE

1 who also stated that R1 was transferred to SNF without prior discussion with the resident or the
2 responsible party.
3
4 Overall investigation revealed that issues and concerns addressed by the complainant are unrelated to
5 the facility. Based on the results of the investigation, it was concluded that the allegation is false, could
6 not have happened, and/or is without a reasonable basis. Therefore, is deemed **UNFOUNDED** at this
7 time.
8
9 This agency had investigated the complaint alleging "Staff did not include resident's representative in
10 care decisions". We have found that the complaint was without a reasonable basis. We have therefore
11 dismissed the complaint.
12
13 No health and safety hazard is noted during this visit.
14
15 Exit interview was conducted and copy of report was issued.
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Leslie Ngo-Castaneda
LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 2