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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610442
Report Date: 08/05/2026
Date Signed: 08/05/2026 02:57:02 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.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 **07/27/2026** and conducted by Evaluator Michael Cava

	COMPLAINT CONTROL NUMBER: 31-AS-20260727182459

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	**STATE:** CA		**ZIP CODE:**	91205
CAPACITY:	199	**CENSUS:** 172		**DATE:**	08/05/2026
		UNANNOUNCED		**TIME BEGAN:**	09:32 AM
MET WITH:	Stephanie Oden			**TIME COMPLETED:**	03:00 PM

ALLEGATION(S):

1	Resident was assaulted due to staff neglect.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Michael Cava conducted an unannounced complaint investigation visit
2	regarding the above allegation. LPA met with the administrator, Stephanie Oden, and explained the
3	reason for the visit.
4	
5	During today's visit LPA conducted a tour of the facility between 9:40am to 11:00am, interviewed
6	Administrator and two (2) staff, between 11:00am to 12:00pm, interviewed ten (10) residents between
7	12:00pm to 1:00pm, reviewed and requested copies of the following documents: Resident 1 (R1) and
8	Resident 2 (R2) physician report and needs and services plan, an incident report, resident and staff
9	roster.
10	
11	Regarding allegation: Resident was assaulted due to staff neglect, it was reported that on or around
12	06/23/26, R1 was assaulted by R2 due to lack of supervision. Interviews with the administrator and staff
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Mary G Flores
LICENSING EVALUATOR NAME: Michael Cava
LICENSING EVALUATOR SIGNATURE:
DATE: 08/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/05/2026

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

Control Number 31-AS-20260727182459

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: LEISURE VALE ASSISTED LIVING **FACILITY NUMBER:** 197610442
VISIT DATE: 08/05/2026

NARRATIVE

deny the allegation of staff neglect. According to both administrator and staff, R1 and R2 are friends and roommates, but have a history of being aggressive towards each other. There was an incident report and SOC 341, Report of Suspected Dependent Adult/Elder Abuse, that was submitted to the licensing agency of when both these two residents had an altercation with each other. Law enforcement were also called by the administrator, who responded on the date of the incident. Law enforcement deemed that it was an argument between the two residents, but there was no mention or report of staff neglect or injuries sustained by either residents. Law enforcement suggested that the administrator separate both residents by having them in different rooms, which the administrator complied. Interviews with random residents were made, and these interviews do not confirm staff neglect or lack of supervision. Review of both R1's and R2's record reveal that both R1 and R2 are independent, alert, and have no cognitive impairment.

Based on the department’s observations and interviews and record review, which were conducted, there was not enough evidence to prove that a resident was assaulted to due to staff neglect. Therefore, the allegation is deemed **Unsubstantiated** at this time.

SUPERVISORS NAME: Mary G Flores
LICENSING EVALUATOR NAME: Michael Cava
LICENSING EVALUATOR SIGNATURE:
DATE: 08/05/2026

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