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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610456
Report Date: 11/25/2025
Date Signed: 11/25/2025 09:38:03 AM

Substantiated

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 **05/20/2025** and conducted by Evaluator Leslie Ngo-Castaneda

	COMPLAINT CONTROL NUMBER: 31-AS-20250520140015

FACILITY NAME:	BREATH OF SUNSHINE			**FACILITY NUMBER:**	197610456
ADMINISTRATOR:	SIMONIAN,RUZANNA			**FACILITY TYPE:**	740
ADDRESS:	8627 NORWICH AVE			**TELEPHONE:**	(323) 683-8080
CITY:	NORTH HILLS	**STATE:** CA		**ZIP CODE:**	91343
CAPACITY:	6	**CENSUS:** 6		**DATE:**	11/25/2025
		UNANNOUNCED		**TIME BEGAN:**	08:45 AM
MET WITH:	SIMONIAN,RUZANNA- licensee			**TIME COMPLETED:**	10:14 AM

ALLEGATION(S):

1	Facility staff financially abused resident
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INVESTIGATION FINDINGS:

1	At approximately 8:45 AM, Licensing Program Analyst (LPA) Leslie Ngo-Castaneda conducted an
2	unannounced subsequent complaint visit in response to the above-mentioned allegations. LPA met with
3	Staff 1 (S1), who granted access to the facility.
4	
5	During investigation on 5.27.2025 at 10:30AM, LPA requested the resident and staff roster. Between
6	11:00 AM – 12:49 PM, LPA conducted an interview with the licensee, three (3) staff, and six (6) out of six
7	(6) residents present at the facility. Between 12:50 PM and 1:15pm, LPA requested and reviewed copies
8	of pertinent information, which included, but were not limited to Physician's report, Admission Agreement,
9	Power of Attorney (POA), and other documents relevant to the investigation.
10	
11	Allegation: Facility staff financially abused resident.
12	
13	Continue to LIC 9099-C

Substantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Leslie Ngo-Castaneda
LICENSING EVALUATOR SIGNATURE:
DATE: 11/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 11/25/2025

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

Control Number 31-AS-20250520140015

FACILITY NAME: BREATH OF SUNSHINE **FACILITY NUMBER:** 197610456
VISIT DATE: 11/25/2025

NARRATIVE

It was alleged that the licensee (S1) overcharged resident #1 (R1) responsible party for not picking up their belongings immediately upon death of resident. R1 passed away on 2.27.2025, and R1 belongings were not picked up until 3.10.2025. R1's responsible party facility charged $1200 extra for 10 days.

Interview with S1 revealed that they did not return the balance of $1200 that was requested by the POA because R1's belongings was not pick-up on time. After being interviewed by LPA, S1 then agreed to return the balance to R1's POA via Zelle. On 5.28.2025, LPA receive a call at 11:57 AM from R1's POA that $1200 refund was received via Zelle from S1. Interview with residents revealed no issues with monthly dues. A review of R1's records revealed that POA was responsible for paying their rent. A review of R1's most recent invoice confirmed that R1's POA paid their rent on 2.14.2025 for the month of February, which covers until mid-March 2025. Based on interviews and record review, the facility overcharged R1. Therefore, the allegation is deemed **SUBSTANTIATED** at this time.

Exit interview conducted. Copy of the report provided.

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Leslie Ngo-Castaneda
LICENSING EVALUATOR SIGNATURE:
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Control Number 31-AS-20250520140015

COMPLAINT INVESTIGATION REPORT (Cont)	STE. 250 WOODLAND HILLS, CA 91364

FACILITY NAME: BREATH OF SUNSHINE **FACILITY NUMBER:** 197610456
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 11/25/2025

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 12/09/2025 **Section Cited** CCR 87468.2	1 2 3 4 5 6 7	Additional Personal Rights... (a) In addition...residents... have all of the following personal rights: (8) To be free from... financial exploitation. This requirement is not met as evidenced by: Based on interviews and record review, R1 was financially exploited by S1	1 2 3 4 5 6 7	S1 will refund the balanced owed to R1's POA.
	8 9 10 11 12 13 14	which posed an immediate Health, Safety, or Personal Rights risk to residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Leslie Ngo-Castaneda
LICENSING EVALUATOR SIGNATURE: **DATE:** 11/25/2025

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CITY: NORTH HILLS **STATE:** CA **ZIP CODE:** 91343
CAPACITY: 6 **CENSUS:** 6 **DATE:** 11/25/2025

UNANNOUNCED **TIME BEGAN:** 08:45 AM

MET WITH: SIMONIAN,RUZANNA- licensee **TIME COMPLETED:** 10:14 AM

ALLEGATION(S):

1	Facility staff did not prevent resident's room from becoming malodorous
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INVESTIGATION FINDINGS:

1	At approximately (time), Licensing Program Analyst (LPA) Leslie Ngo-Castaneda conducted an
2	unannounced subsequent complaint visit in response to the above-mentioned allegations. LPA met with
3	Staff #1 (S1), who granted access to the facility.
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5	During investigation on 5.27.2025 at 10:30AM, LPA requested the resident and staff roster. Between
6	11:00 AM – 12:49 PM, LPA conducted an interview with the licensee, three (3) staff, and six (6) out of six
7	(6) residents present at the facility. Between 12:50 PM and 1:15pm, LPA requested and reviewed copies
8	of pertinent information, which included, but were not limited to Physician's report, Admission Agreement,
9	Power of Attorney (POA), and other documents relevant to the investigation.
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11	Allegation: Facility staff did not prevent resident's room from becoming malodorous
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13	Continue to LIC 9099-C

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Naira Margaryan
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VISIT DATE: 11/25/2025

NARRATIVE

1	It was alleged that R1 bedroom smelled of cigarettes due to S1's brother smoking close to the R1's
2	room.
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4	Interviews with facility staff revealed that no one smokes in the facility. No residents complain about any
5	odor in the facility. LPA's interview with five (5) out of six (6) residents revealed that they did not smell
6	cigarette and they did not experience malodor in the facility. During LPA facility tour on 5.27.2025, there
7	was no odor or cigarette butts observe in the facility, especially in R1 bedroom.
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9	Based on interviews and observations, there is not enough information to verify the allegation.
10	Therefore, the allegation is **UNSUBSTANTIATED** at this time.
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12	Exit interview conducted. Copy of the report provided.
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