

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610466
Report Date: 07/09/2026
Date Signed: 07/09/2026 03:49:38 PM

Substantiated

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 **12/03/2025** and conducted by Evaluator Nicholas Reed

	COMPLAINT CONTROL NUMBER: 31-AS-20251203164348
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FACILITY NAME:	VALLEY SILVERTOWN	FACILITY NUMBER:	197610466
ADMINISTRATOR:	DARLENE LINDLEY	FACILITY TYPE:	740
ADDRESS:	6833 FALLBROOK AVE	TELEPHONE:	(818) 883-4123
CITY:	WEST HILLS	ZIP CODE:	91307
CAPACITY:	183	CENSUS:	143
		DATE:	07/09/2026
		UNANNOUNCED TIME BEGAN:	11:00 AM
MET WITH:	Mohammad Alqam	TIME COMPLETED:	04:00 PM

ALLEGATION(S):

1	Facility staff did not provide sufficient incontinence care
2	Facility staff did not provide proper diabetes assistance
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INVESTIGATION FINDINGS:

1	At approximately 11:00 a.m. on 07/09/26 Licensing Program Analyst (LPA) Nicholas Reed conducted an unannounced complaint visit. LPA met with the administrator and disclosed the reason for the visit.
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3	
4	To investigate the allegations above, LPA conducted an initial visit on 12/05/25 and interviewed staff
5	between 2:20 p.m. and 3:30 p.m., obtained pertinent records at 2:45 p.m., toured the facility inside and
6	out at 3:00 p.m., and reviewed video footage of the lobby at 3:30 p.m. LPA obtained video footage of a
7	resident's room at 1:15 p.m. on 12/23/25. LPA interviewed Staff #1 (S1) at 11:10 a.m. on 04/10/26. LPA
8	conducted a subsequent visit on 06/10/26 and toured the facility at 9:15 a.m., reviewed previously
9	obtained records and video footage, including but not limited to an admission agreement, medical
10	assessment, care plan, and staff and client rosters at 10:00 a.m., and interviewed staff and residents
11	between 12:15 p.m. and 4:00 p.m. Today, LPA telephonically interviewed a physician at 2:15 p.m. and
12	toured the facility at 12:15 p.m.
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Nicholas Reed	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/09/2026

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 3
Control Number 31-AS-20251203164348

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 (Cont)	

FACILITY NAME: VALLEY SILVERTOWN **FACILITY NUMBER:** 197610466
VISIT DATE: 07/09/2026

NARRATIVE	
1	Regarding the allegation "Facility staff did not provide sufficient incontinence care" it was alleged staff
2	did not assist Resident #1 (R1) with incontinence care on 11/29/25 until around 4:00 p.m. R1 was found
3	in a soiled diaper and wet clothing at that time by Witness #1 (W1). W1 stated Staff #1 (S1) and Staff #2
4	(S2) then came to assist R1. Interview with R1 at 4:00 p.m. on 12/03/25 revealed they were not assisted
5	by staff and felt unwell after recovering from a Urinary Tract infection (UTI). Telephonic interview with
6	Staff #1 (S1) at 10:45 a.m. today confirmed they began their shift around 2:30 p.m. and found R1 in a
7	soiled diaper and clothing later that afternoon. S2 was unavailable for interview. Interview with Staff #3
8	(S3) at 9:30 a.m. on 12/02/25 revealed they had found R1 in a soiled diaper and wet clothing another
9	time. Record review of R1's medical assessment indicated they were incontinent and relied upon staff
10	for toileting assistance. Review of R1's care plan indicated staff were responsible for assisting R1 with
11	all activities of daily living. Based on interviews and record review, there is sufficient evidence to confirm
12	the allegation. Therefore, the allegation is deemed SUBSTANTIATED at this time.
13	
14	Regarding the allegation "Facility staff did not provide proper diabetes assistance" it was alleged R1's
15	blood sugar level was too high on the evening of 11/29/25 due to improper staff assistance. Record
16	review of R1's medication list and Medication Administration Record (MAR) revealed they were
17	prescribed two (02) pills to manage their diabetes, Metformin and Glipizide. Telephonic interview with
18	R1's physician revealed R1's Glipizide was discontinued, however the facility should have assisted with
19	Metformin. The MAR indicated Staff #4 (S4) did not assist R1 with taking Metformin on the morning of
20	11/29/25. S4 wrote in the MAR notes that R1 was "physically unable to take" the medication. S4 was
21	unavailable for an interview to explain the notes. Interview with Staff #5 (S5) at 4:00 p.m. on 06/16/26
22	revealed R1 monitored their blood sugar on their own and depended on staff for medication assistance.
23	S5 could not explain why R1 was not assisted with Metformin on 11/29/25. Based on interviews and
24	record review, the facility did not provide proper diabetes assistance. Therefore, the allegation is
25	deemed SUBSTANTIATED at this time.
26	
27	No immediate health or safety concerns observed during today's visit.
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29	Exit interview conducted. Appeal rights discussed. Copy of report provided.
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31	
32	

SUPERVISORS NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Nicholas Reed	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/09/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 31-AS-20251203164348

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**COMPLAINT INVESTIGATION REPORT
(Cont)**BLVD., STE. 250
WOODLAND HILLS, CA 91364**FACILITY NAME:** VALLEY SILVERTOWN**FACILITY NUMBER:** 197610466**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/09/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/20/2026 Section Cited CCR 87625(b)(3)	1 87625 Managed Incontinence (b) ...the 2 licensee shall be responsible for...: (3) 3 Ensuring that incontinent residents are 4 kept clean and dry and that the facility 5 remains free of odors from 6 incontinence. This requirement was not 7 met as evidenced by:	1 Licensee will conduct an in-service 2 training on the cited section and submit 3 to LPA by the POC due date. 4 5 6 7
	8 Based on interviews and record review, 9 the licensee did not comply with the 10 section cited above by not ensuring 11 Resident #1 (R1) was kept clean and 12 dry which posed a potential risk to the 13 Health, Safety, or Personal Rights of 14 residents in care.	8 9 10 11 12 13 14
Type B 07/20/2026 Section Cited CCR 87465(a)(4)	1 87465 Incidental Medical and Dental 2 Care (a) A plan... shall be developed... 3 by compliance with the following: (4) 4 The licensee shall assist residents with 5 self-administered medications as 6 needed. This requirement was not met 7 as evidenced by:	1 Licensee will conduct an in-service 2 training on the cited section and submit 3 to LPA by the POC due date. 4 5 6 7
	8 Based on interviews and record review, 9 the licensee did not comply with the 10 section cited above by not assisting 11 Resident #1 (R1) with medications 12 which posed a potential risk to the 13 Health, Safety, or Personal Rights of 14 residents in care.	8 9 10 11 12 13 14

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

SUPERVISOR'S NAME: Naira Margaryan	
LICENSING EVALUATOR NAME: Nicholas Reed	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/09/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/09/2026