

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610638
Report Date: 06/17/2026
Date Signed: 06/17/2026 02:09:53 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 06/16/2026 and conducted by Evaluator Angela Panushkina

	COMPLAINT CONTROL NUMBER: 31-AS-20260616090212
--	--

FACILITY NAME:	CHATSWORTH COMMONS SENIOR LIVING, LLC	FACILITY NUMBER:	197610638
ADMINISTRATOR:	MONROY, DAVID	FACILITY TYPE:	740
ADDRESS:	20801 DEVONSHIRE ST.	TELEPHONE:	(818) 341-2552
CITY:	CHATSWORTH	ZIP CODE:	91311
CAPACITY:	268	DATE:	06/17/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	11:15 AM
	CENSUS: 163	TIME	02:00 PM
MET WITH:	David Monroy, Administrator	COMPLETED:	

ALLEGATION(S):

1	Staff are not ensuring vehicle being used to transport residents is maintained in a safe operating
2	condition
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	At 11:15am, Licensing Program Analysts (LPAs) Angela Panushkina and Perchui Milena Khurshudyan
2	conducted an unannounced visit in response to the above-mentioned allegation. LPAs met with the
3	Administrator, David Monroy, and explained the reason for the visit.
4	
5	At 11:20am, LPA requested resident and staff roster. At 11:25pm, requested copies of pertinent
6	information which include, but not limited to Admission Agreement, Physician's Report, Appraisal Needs
7	and Services Plan, Outing/Appointment Sign-Up Sheet, Transportation Maintenance Invoice, etc.
8	relevant to the investigation. At approximately 11:30am, LPAs conducted a physical plant tour, to ensure
9	health and safety of the residents are protected. Between 11:30am - 1:00pm, LPAs conducted an
10	interview with the Administrator, Facility Driver, and eleven (11) out of twelve (12) residents.
11	
12	Continue on LIC9099-C
13	

Unsubstantiated	Estimated Days of Completion:
-----------------	-------------------------------

SUPERVISORS NAME: Nichelle Gillyard	
LICENSING EVALUATOR NAME: Angela Panushkina	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/17/2026

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-20260616090212

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CHATSWORTH COMMONS SENIOR LIVING, LLC	FACILITY NUMBER: 197610638
VISIT DATE: 06/17/2026	

NARRATIVE		
1	<i>Allegation: Staff are not ensuring vehicle being used to transport residents is maintained in a safe operating condition</i>	
2		
3		
4		LPAs inspected the facility's bus to investigate the allegation, checking the windows, air conditioning system, and overall vehicle condition. All four windows opened easily. The front AC was functioning, but the rear AC unit was not working properly. The driver stated that the bus undergoes maintenance every 90 days, with the most recent service completed on 03/23/2026. The driver also shared that the rear AC was used for the first time on 06/08/2026, when the issue was discovered. The facility immediately submitted a maintenance request to Fox Tire and Auto, with service scheduled for 06/23/2026. LPAs reviewed and collected relevant maintenance records during the inspection. Eleven (11) out of twelve (12) residents interviewed expressed no concern regarding this allegation. Therefore, based on interviews and record reviews this allegation is deemed Unsubstantiated , at this time.
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		No deficiency issued during today's visit.
15		
16		Exit interview conducted and copy of this report signed and delivered.
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		

SUPERVISORS NAME: Nichelle Gillyard	
LICENSING EVALUATOR NAME: Angela Panushkina	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/17/2026