

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610645
Report Date: 06/29/2026
Date Signed: 06/29/2026 02:12:45 PM

Unsubstantiated

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
06/24/2026 and conducted by Evaluator Huma Rahimi

	COMPLAINT CONTROL NUMBER: 31-AS-20260624143205
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FACILITY NAME:	SONLEMA INC	FACILITY NUMBER:	197610645
ADMINISTRATOR:	HOVIK ODABASHYAN	FACILITY TYPE:	740
ADDRESS:	6504 LINDLEY AVENUE	TELEPHONE:	(818) 747-8172
CITY:	RESEDA	ZIP CODE:	91335
CAPACITY:	6	DATE:	06/29/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:45 AM
	CENSUS: 6	TIME COMPLETED:	02:45 PM
MET WITH:	Elena Kordonskiy, Administrator Designee		

ALLEGATION(S):

1	Lack of supervision resulted in residents eloping.
2	Staff cannot properly communicate due to language barrier.
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INVESTIGATION FINDINGS:

1	At 9:45 AM, Licensing Program Analyst (LPA) Huma Rahimi conducted an unannounced initial complaint
2	visit to this facility. LPA met with staff #1 (S1) Liana Babaian and Staff #2 (S2) Anna Bumiatyan who
3	granted access to the facility. The staff contacted the Administrator Designee via phone and LPA
4	explained the reason for the visit. The Administrator Designee arrived shortly after.
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6	At 9:50 AM, LPA requested resident and staff roster. At approximately 9:55 AM, LPA conducted a physical
7	plant tour of the facility. At 10:00 AM, LPA requested copies of pertinent information which include, but not
8	limited to Staff training, Physician Report, Admission Agreement, Appraisal Needs and Services Plan,
9	and ect., relevant to the course of investigation. Between 10:15 AM –12:30 PM, LPA conducted an
10	interview with the Administrator Designee, two (2) Staff, and four (4) out of six (6) residents who were
11	available.
12	
13	Continue on LIC 9099C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Nichelle Gillyard	
LICENSING EVALUATOR NAME: Huma Rahimi	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/29/2026

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-20260624143205

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: SONLEMA INC	FACILITY NUMBER: 197610645
	VISIT DATE: 06/29/2026

NARRATIVE	
1	Allegation: Lack of supervision resulted in residents eloping.
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3	It was alleged that lack of supervision resulted in residents eloping from the facility on 06/20/2026. To investigate
4	this allegation, LPA conducted interviews with the Administrator Designee, two (2) staff members (S1 and S2),
5	and four (4) out of six (6) residents who were available. Interviews with the Administrator Designee and S1, who
6	was identified as the staff working on June 20, 2026, denied the allegation and stated that no residents left the
7	facility on that date, no residents were observed wandering in the street, and no incident was reported. S1 stated
8	residents are supervised throughout the day, hourly headcounts are conducted, and staff have received training on
9	elopement prevention. Furthermore, interviews with four (4) out of six (6) residents revealed they had no
10	knowledge of any residents leaving the facility on June 20, 2026. The Administrator Designee informed LPA that
11	the facility is equipped with a surveillance camera system and that surveillance footage would be reviewed if an
12	incident were reported. Because no incident was reported to the facility on June 20, 2026, surveillance footage was
13	not reviewed. Based on staff and resident interviews, LPA was unable to obtain sufficient evidence that residents
14	eloped or were unsupervised on June 20, 2026. Therefore, the allegation is Unsubstantiated .
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17	Allegation: Staff cannot properly communicate due to a language barrier.
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19	It was alleged that staff members have difficulty communicating with residents due to a language barrier. To
20	investigate this allegation, LPA conducted interviews with the Administrator Designee, two (2) staff members (S1
21	and S2), and four (4) out of six (6) residents who were available. Interviews with the Administrator Designee and
22	S2 confirmed that S1 has limited English proficiency and utilizes a translation application or receives assistance
23	from S2 when needed. During today's visit, LPA observed that S1 required assistance from S2 to interpret portions
24	of the interview. Furthermore, interviews with four (4) out of six (6) residents revealed they had no difficulty
25	communicating with staff. Although LPA observed that S1 has limited English proficiency and uses translation
26	assistance, resident interviews did not support that the language barrier prevented staff from meeting residents'
27	basic needs or providing adequate care and supervision. Based on interviews and LPA's observations, LPA was
28	unable to obtain sufficient evidence to support the allegation. Therefore, the allegation is Unsubstantiated .
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31	Appeal rights explained and exit interview conducted. Copy this report signed and delivered.
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SUPERVISORS NAME: Nichelle Gillyard	
LICENSING EVALUATOR NAME: Huma Rahimi	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/29/2026