

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610700
Report Date: 05/29/2026
Date Signed: 05/30/2026 07:17:33 PM

Unsubstantiated

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 01/10/2026 and conducted by Evaluator Jose Gary Tan

	COMPLAINT CONTROL NUMBER: 31-AS-20260110144123
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FACILITY NAME:	ALLURE SENIOR LIVING	FACILITY NUMBER:	197610700
ADMINISTRATOR:	NIKOGHOSYAN, SHAKE	FACILITY TYPE:	740
ADDRESS:	11441 ORO VISTA AVENUE	TELEPHONE:	(818) 273-4119
CITY:	SUNLAND	ZIP CODE:	91040
CAPACITY:	6	DATE:	05/29/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:30 AM
	CENSUS: 5	TIME COMPLETED:	01:30 PM
MET WITH:	Shake Nikhogosian - Administrator		

ALLEGATION(S):

1	Staff neglect resulted in resident sustaining multiple pressure injuries.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jose Tan conducted an unannounced subsequent complaint visit to this
2	facility to deliver the findings for the above allegation. LPA met with Administrator Shake Nikoghosyan
3	and explained the reason for the visit.
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5	On 01/10/26, a complaint was received by the Woodland Hills Adult and Senior Care Regional Office.
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7	On 01/13/26 at 9:16 AM, The Department initiated the complaint visit. Interviews were conducted with
8	Administrator and obtained copies of the facility records relevant to the investigation. On 05/07/26, the
9	Department conducted a subsequent visit and interviewed residents, family member of R1 and Hospice
10	staff.
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12	(continued on LIC 9099-C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Jose Gary Tan	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/29/2026

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-20260110144123

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ALLURE SENIOR LIVING	FACILITY NUMBER: 197610700
	VISIT DATE: 05/29/2026

NARRATIVE	
1	(continued from LIC 9099)
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3	Regarding the allegation that Staff neglect resulted in resident sustaining multiple
4	pressure injuries. It was alleged that Resident #1 (R1) had multiple unstageable
5	pressure injuries when admitted to the hospital on 01/08/26. LPA's record review
6	revealed that R1 was admitted to the facility on 10/20/25 and was admitted with
7	Hospice services on the same day. Upon admission at the facility, R1 had an existing
8	stage 1 pressure injury under the care of Hospice wound care. Further review also
9	revealed that R1's pressure wound is worsening on 12/27/25. Hospice Wound visits
10	for R1 were conducted every day immediately thereafter to care for R1 wounds until
11	R1 was hospitalized on 01/08/26. LPA's interview with R1's family member confirmed
12	that R1's wounds were being taken care of by the nurses and facility staff.
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14	Based on the information gathered during the course of the investigation, the
15	allegation is deemed unsubstantiated at this time.
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17	Exit interview conducted. Copy of this report issued.
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