

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603136
Report Date: 07/24/2026
Date Signed: 07/24/2026 12:35:41 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 07/10/2026 and conducted by Evaluator Nadia Shahbazian

PUBLIC		COMPLAINT CONTROL NUMBER: 31-AS-20260710110726	
FACILITY NAME: SAVANT OF BURBANK EAST		FACILITY NUMBER:	198603136
ADMINISTRATOR: VILLANUEVA, IMELDA		FACILITY TYPE:	740
ADDRESS: 1900 GRISMER AVE		TELEPHONE:	(818) 843-3141
CITY: BURBANK	STATE: CA	ZIP CODE:	91504
CAPACITY: 100	CENSUS: 92	DATE:	07/24/2026
MET WITH: Imelda Villanueva-Executive Director		UNANNOUNCED TIME BEGAN:	09:30 AM
		TIME COMPLETED:	12:35 PM

ALLEGATION(S):

1	Staff did not shower resident in care
2	Staff did not ensure that the resident's incontinence care needs were properly met at the facility
3	Staff did not keep the resident's room free of pests
4	Staff did not provide proper transfer assistance to residents in care
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Nadia Shahbazian conducted an unannounced subsequent complaint
2	visit at this facility to investigate the above allegation(s). LPA met with Imelda Villanueva-Executive
3	Director and explained the reason for the visit is to close out the investigation and render findings.
4	
5	Initial investigation was conducted by LPA Shahbazian on 07/14/26. LPA had previously requested
6	documents pertaining to the investigation and had interviewed residents and staff.
7	
8	At approximately 9:40am, LPA conducted a physical plant tour of the common areas and kitchen; no
9	immediate health or safety risks were observed during today's visit.
10	
11	In regards to allegation: Staff did not shower resident in care. It is alleged that: Resident #1 (R1)'s
12	Monday shower was skipped by a caregiver. LPA's interviews revealed the following: The Administrator
13	stated that there are (5) caregivers assigned to am and pm shifts and 2 or more caregivers during night
Continued on 9099-C	

SUPERVISORS NAME: Mary G Flores

LICENSING EVALUATOR NAME: Nadia Shahbazian

LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2026

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-20260710110726

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT
(Cont)CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,
STE. 250
WOODLAND HILLS, CA 91364

FACILITY NAME: SAVANT OF BURBANK EAST

FACILITY NUMBER: 198603136

VISIT DATE: 07/24/2026

NARRATIVE

1 shift but if there is a staff shortage, staff from other shifts or agency staff are called in for assistance.
2 Administrator stated staff shower residents two times a week or more, if accidents occur. There are
3 times that residents refuse to be showered but staff return at a later time to shower residents and if
4 refused again, staff notate the refusal. (7) Caregivers and (1) witness stated they are assigned to 12-16
5 residents per shift, of whom only 7-8 residents need total assistance with activities of daily living (ADL)s
6 and approximately 7-8 residents are independent. All staff interviewed stated they ensure residents are
7 showered two times a week or more, if accidents occur, sometimes even several times a day. In addition
8 all (7) staff mentioned if residents refuse to be showered, staff return at a later time to shower residents
9 and if refused again, staff notate refusal log, but refusal rarely happens. LPA interviews with residents
10 revealed the following: (4) residents stated they are capable of showering themselves and using the
11 restroom on their own. (5) residents stated staff assist them with showering two times or more per week,
12 changing them and assisting with other needs. During interview with R1, they did not recall the exact
13 showering schedule but stated staff shower them at least two or three times a week and did not have
14 any concerns. LPA reviewed the shower logs for months of June and July 2026 and did not notice that
15 R1's shower needs were not met.

16
17 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
18 prove the alleged violation(s) did or did not occur, therefore the allegation is **unsubstantiated**.

19
20 In regards to allegation: **Staff did not ensure that the resident's incontinence care needs were**
21 **properly met at the facility.** It is alleged that several residents had double diapers, including Resident 1
22 (R1), who was not kept clean. LPA's interviews revealed the following: The Administrator stated that
23 there are (5) caregivers assigned to am and pm shifts and 2 or more caregivers during night shift but if
24 there is a staff shortage, staff from other shifts or agency staff are called in for assistance. (7) caregivers
25 and (1) witness stated they are assigned to 12-16 residents per shift, of whom only 7-8 residents need
26 total assistance with ADLs and approximately 7-8 residents are independent and capable of managing
27 their own ADLs. All (7) staff stated they ensure residents are usually clean and dry, when they start their
28 shifts. They check on residents with incontinence needs every hour, sometimes residents are taken to
29 the bathroom or sometimes changed in bed. Sometimes residents have accidents in bed, even several
30 times a day and they are always cleaned, changed and clothing or bed sheets are changed. All (7) staff
31 and (1) witness stated they make sure residents' incontinence clothing are always clean and dry and
32 they never put on double diapers. LPA interviews with residents revealed the following: R1 stated staff
always check on R1 and make sure pull ups are clean, otherwise they clean R1 and pull up are changed
and R1 is never double diapered.

Continued on 9099-C

SUPERVISORS NAME: Mary G Flores

LICENSING EVALUATOR NAME: Nadia Shahbazian

LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2026

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

Control Number 31-AS-20260710110726

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: SAVANT OF BURBANK EAST

FACILITY NUMBER: 198603136

VISIT DATE: 07/24/2026

NARRATIVE

1 (4) residents stated they use the restrooms by themselves. (4) residents stated staff check on them
2 every hour and especially after meals to ensure their toileting needs are met, staff take them to use the
3 restroom, clean and change their pull ups but they have never been double diapered.
4

5 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
6 prove the alleged violation(s) did or did not occur, therefore the allegation is **unsubstantiated**.
7

8 In regards to allegation: **Staff did not keep the resident's room free of pests.** It is alleged that there
9 were roaches in one of rooms. LPA interviewed the Administrator and Maintenance Director, who stated
10 that staff or residents notify them of any issues in resident rooms or common areas and a maintenance
11 order is placed. Maintenance Director stated a professional pest control company comes to the facility,
12 twice a month, once in the morning and one at night, for preventive measures. The pest control
13 company is responsible for addressing any rodent or insect issues but there has been no issues since
14 end of last year. The pest control company uses chemicals safe for humans. LPA interviewed (7) staff
15 and (10) residents who stated they have not seen any infestations in rooms or common areas. LPA
16 visited common areas, kitchen and multiple rooms in both floors and did not observe any insects or
17 signs of infestation.
18

19 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
20 prove the alleged violation(s) did or did not occur, therefore the allegation is **unsubstantiated**.
21

22 In regards to allegation: **Staff did not provide proper transfer assistance to residents in care.** It is
23 alleged that transfers for patients that cannot bear weight are done without any hoier lifts, which is both
24 risking the caregiver and the patient's safety. LPA's interviews revealed the following: The Administrator
25 stated facility only has two residents that are heavy and require 2-3 staff assistance for transfer. All staff,
26 including the agency staff are trained in transferring, lifting and repositioning residents and there are
27 continuous training on resident care. Facility has a mechanical hoier lift and transfer boards, which staff
28 sometime use to transfer heavy or non-weight bearing residents but generally caregivers ask each other
29 for assistance if needed. Interviews with (7) caregivers and (1) witness stated they are assigned to 7-8
30 residents in need of total assistance with ADLs and they are capable of transferring themselves to beds,
31 showers and wheelchairs and don't require 2-3 staff transferring assistance. All staff interviewed
32 mentioned that they prefer to assist the residents themselves and generally do not use the hoier lift but
if they need help, they communicate with other caregivers to transfer residents. LPA Interviewed (10)
residents, (5) residents stated that are independent. (5) residents mentioned generally they are able to
transfer or reposition themselves but staff always assist them for safety purposes.

Although the allegation may have happened or is valid, there is not a preponderance of evidence to
prove the alleged violation(s) did or did not occur, therefore the allegation is **unsubstantiated**.

Exit interview was conducted with and a copy of this report was provided to the Administrator.

SUPERVISORS NAME: Mary G Flores

LICENSING EVALUATOR NAME: Nadia Shahbazian

LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2026