

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603413

Report Date: 01/30/2026

Date Signed: 01/30/2026 04:46:01 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 **07/14/2025** and conducted by Evaluator Antonia Alvizar-Ettima

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20250714121426
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FACILITY NAME: SAGE GLENDALE SENIOR LIVING	FACILITY NUMBER: 198603413
ADMINISTRATOR: SMITH, ANGELA	FACILITY TYPE: 740
ADDRESS: 525 W ELK AVE	TELEPHONE: (818) 245-6378
CITY: GLENDALE	STATE: CA
CAPACITY: 113	ZIP CODE: 91204
	CENSUS: 74
	DATE: 01/30/2026
MET WITH: Lindsay Schroeder, Executive Director (ED)	UNANNOUNCED TIME BEGAN: 09:55 AM
	TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1	Licensee does not ensure there is enough staff to meet the needs of residents in care
2	Staff do not ensure that resident is able to receive confidential phone calls
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INVESTIGATION FINDINGS:

1	At 9:55a.m., Licensing Program Analyst (LPA) Antonia Alvizar- Ettima and Licensing Program Manager
2	(LPM) Naira Margaryan conducted an unannounced subsequent visit to deliver finding to the above
3	noted allegations. LPA met with Receptionist and granted entry to the facility. Receptionist called
4	Executive Director (ED) and joined us. LPA explained the reason for this visit.
5	
6	During initial visit, on 07/18/25 at 10:10a.m., (LPA) Antonia Alvizar- Ettima made an initial visit at
7	approximately 10:35a.m., LPA requests and receives copies of the facility resident and staff rosters,
8	copies of the staff work schedule and other pertinent documents and conducted a physical plant walk-
9	through. LPA interviewed five (05) out of twenty eight (28) residents, the Administrator and Memory Care
10	Director (MCD).
11	During this visit at 12:15p.m., LPA and ED conducted a physical plan tour and observed no health and
12	safety hazard. Between 11:05am and 2:00PM additional interviews were conducted with five (5) staff and
13	six (6) residents.
	Cont. on LIC 9099 - C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Antonia Alvizar-Ettima
LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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Control Number 31-AS-20250714121426

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: SAGE GLENDALE SENIOR LIVING

FACILITY NUMBER: 198603413

VISIT DATE: 01/30/2026

NARRATIVE

1 **License does not ensure there is enough staff to meet the needs of residents in care**

2
3 It was alleged that facility has a severe staffing shortage to meet the needs of residents because there is only one
4 employee in the entire Memory Care floor and residents in Memory Care unit are not adequately supervised.
5 During interview Administrator stated that staffing is scheduled in accordance and adjusted based on resident
6 census. The Memory Care Director denied that the facility operates with insufficient staffing and reported that
7 additional staff are scheduled during peak care hours and during staff shortage other available staff works overtime
8 to cover. Staff interview revealed that staffing assignments are adequate to meet residents needs. Residents receive
9 assistance as needed and the memory care unit is continuously supervised. Staff denied that residents are left
10 unattended or residents' care needs go unmet due to staffing levels. Interviews conducted with residents did not
11 provide any information supporting the allegation. LPA review facility records which indicated that staffing levels
12 was appropriate as per Memory Care residents' census. During the Licensing visits, LPA observes sufficient staff
13 present on site and providing assistance with activities of daily living. Residents at the Memory Care Unit were
14 observed under staff supervision. No immediate health or safety concerns were observed.

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17 Based on interviews, records review and observations made, there is insufficient evidence to substantiate the
18 allegation. Therefore the allegation is deemed unsubstantiated.

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20 **Staff do not ensure that resident is able to receive confidential phone calls**

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22 It was alleged that during the lunch hour, there is no one answering the phones at the front desk, only voicemail
23 answers. The Memory Care residents are not even allowed to have a phone in their room or even a TV. Wheater
24 they are able to respond or communicate to the calls Some memory care residents may not respond to the calls. If
25 resident is not able to communicate than the calls may be transferred to the staff so they could assist residents with
26 the calls. The residents interviewed during investigation, did not address any concerns regarding making and
27 receiving calls. During Licensing Visits LPA observed front desk staff receiving and making calls as well as
28 transferring phone lines to others. In addition, LPA made a call to the facility and staff present there responded to
29 the call.

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31
32 Based on interviews and observation, there is no verifiable information to support the allegation. Therefore, the
allegation is UNSUBSTANTIATED at this time.

Exit interview conducted. Copy of this report issued.

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Antonia Alvizar-Ettima
LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026