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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603413
Report Date: 07/29/2026
Date Signed: 07/29/2026 03:24:32 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/22/2026** and conducted by Evaluator Angelica Segovia

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20260722153839

FACILITY NAME:	SAGE GLENDALE SENIOR LIVING			**FACILITY NUMBER:**	198603413
ADMINISTRATOR:	LINDSAY SCHROEDER			**FACILITY TYPE:**	740
ADDRESS:	525 W ELK AVE			**TELEPHONE:**	(818) 245-6378
CITY:	GLENDALE	**STATE:** CA		**ZIP CODE:**	91204
CAPACITY:	113	**CENSUS:** 73		**DATE:**	07/29/2026
		UNANNOUNCED		**TIME BEGAN:**	10:40 AM
MET WITH:	Lindsay Schroeder- Executive Director			**TIME COMPLETED:**	03:40 PM

ALLEGATION(S):

1	Staff do not treat resident with dignity and respect.
2	Staff did not meet resident's incontinence needs.
3	Staff do not provide adequate food service.
4	Staff do not provide a comfortable environment for residents.
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INVESTIGATION FINDINGS:

1	On 7/29/2029 at approximately 10:40 AM, Licensing Program Analyst (LPA) Angelica Segovia conducted
2	an unannounced initial complaint visit to the facility. LPA was greeted by the Executive Director, Lindsay
3	Schroeder and stated the reason for their visit.
4	
5	
6	To investigate the allegation(s), at approximately 11:00 AM, LPA conducted a physical plant tour. By
7	11:30 AM, LPA requested relevant documentation such as but not limited to: Admission Agreement,
8	Physician's Report, and Needs/Services. From 11:00 AM to 3:30 PM, LPA attempted interviews with six
9	(6) residents (R1-R6), three (3) staff members (S1-S3), and conducted record review.
10	
11	(Continue to LIC 9099-C)
12	
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Troy Agard
LICENSING EVALUATOR NAME: Angelica Segovia
LICENSING EVALUATOR SIGNATURE:
DATE: 07/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/29/2026

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

Control Number 31-AS-20260722153839

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: SAGE GLENDALE SENIOR LIVING **FACILITY NUMBER:** 198603413
VISIT DATE: 07/29/2026

NARRATIVE

Regarding the allegation: **Staff do not treat resident with dignity and respect.** It was alleged that S2 and S3 yelled at R1. To investigate the allegation, LPA attempted interviews with six (6) residents and three (3) staff members. LPA's interview with R1 revealed they do not like certain staff including S2. Let it be noted during LPA's interview with R1, two (2) staff members, who disclosed their names to LPA (S4 and S5) arrived to assist R1 with their call pendant being activated. Once they left, R1 stated S2 was one of the two (2) staff members. However, LPA's interview with S1 revealed S2 is not working today nor present in the facility. LPA's interview with five (5) of the six (6) residents interviewed revealed they have not been yelled at by staff nor have they witnessed staff to yell at other residents. LPA's interview with R4 revealed if staff were to yell at them, "…they would yell right back" and their experience with the staff has been, "Great". LPA attempted to interview S2, but they were not present during LPA's visit. LPA attempted to interview S3, but S1 revealed there is no person by said name working at the facility. LPA's record review of the facility's Personnel Report, confirmed there to be no staff member by the alleged name provided within the complaint.

Based on interviews and record review, there is not enough information to verify the allegation. Therefore, the allegation is UNSUBSTANTIATED at this time.

Regarding the allegation: **Staff did not meet resident's incontinence needs.** It was alleged staff are not meeting R1's incontinence needs. To investigate the allegation, LPA conducted interviews with three (3) incontinence residents. LPA's interview with R1, revealed when staff have changed them, they have placed their brief on backwards and/or, "…too tight". LPA's interview with two (2) of the three (3) residents revealed staff help them with their diapering and showering needs with no complaints mentioned. LPA's interview with S1 revealed R1 is alert and can make their needs know. Additionally, S1 stated that R1 can use their call pendant to call for assistance regarding their toileting needs.

LPA's record review of R1's Medical Assessment for Residential Care Facilities for the Elderly, revealed R1 does not have cognitive issues and under Self-Care they are documented to be, "able to communicate" their needs. Further record review of R1's Level of Care plan revealed R1 to be, "… independent with verbalizations and able to make needs know". During LPA's visit, LPA observed two (2) staff members assisting R1. Additionally, LPA observed R1's call pendent to be located near them. During LPA's visit, LPA did not observe residents' rooms, including R1's room, to omit odor.

Based on interviews, record review, and observations there is not enough information to verify the allegation. Therefore, the allegation is UNSUBSTANTIATED at this time. (Continue to LIC 9099-C)

SUPERVISORS NAME: Troy Agard
LICENSING EVALUATOR NAME: Angelica Segovia
LICENSING EVALUATOR SIGNATURE:
DATE: 07/29/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/29/2026

Control Number 31-AS-20260722153839

NARRATIVE

Regarding the allegation: **Staff do not provide adequate food service.** It was alleged the facility's food is not warm nor adequate in portion servings. To investigate the allegation, LPA conducted interviews with six (6) residents. LPA's interview with five (5) of the six (6) residents revealed they have no complaints of the food. LPA's interview with R4, revealed the food is, "Good. It's of good quality and you can order something else if needed". During LPA's physical plant tour, LPA observed various residents to be eating lunch in the dining room. LPA observed a variety of food offered from soup, salads, sandwiches, and entrees. LPA observed the kitchen to be sufficient with supplies of seven (7) day nonperishable food and two (2) day perishable foods. LPA observed kitchen staff to be preparing/cooking soup and breaded chicken on the stove. LPA observed the menu to offer a variety of food to meet residents' nourishing needs. LPA observed residents' plates to be well portioned.

Based on interviews and observations, there is not enough information to verify the allegation. Therefore, the allegation is UNSUBSTANTIATED at this time.

Regarding the allegation: **Staff do not provide a comfortable environment for residents.** It was alleged the facility's temperature is, "freezing". To investigate the allegation, LPA conducted interviews with six (6) residents. LPA's interview with five (5) of the six (6) residents revealed they have no issue with the facility's temperature. During LPA's physical plant tour, LPA observed the facility's temperature to range from 70-74 °F within different areas/floors of the facility. Additionally, LPA observed residents' rooms to be equipped with their own thermostat. LPA observed residents' thermostats to be in proper condition.

Based on interviews and observations, there is not enough information to verify the allegation. Therefore, the allegation is UNSUBSTANTIATED at this time.

No immediate health and safety issues observed during the day of the visit. Exit interview was conducted and a copy of this report was provided to the Executive Director.

SUPERVISORS NAME: Troy Agard
LICENSING EVALUATOR NAME: Angelica Segovia
LICENSING EVALUATOR SIGNATURE:
DATE: 07/29/2026

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