

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603605

Report Date: 02/09/2026

Date Signed: 02/09/2026 02:49:29 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 **01/15/2026** and conducted by Evaluator Leslie Ngo-Castaneda

	COMPLAINT CONTROL NUMBER: 31-AS-20260115145239
--	---

FACILITY NAME: ARARAT GARDENS	FACILITY NUMBER: 198603605
ADMINISTRATOR: KESHISHYAN, VARSENIK	FACILITY TYPE: 741
ADDRESS: 1230 EAST WINDSOR ROAD	TELEPHONE: (818) 244-7219
CITY: GLENDALE	STATE: CA
CAPACITY: 175	ZIP CODE: 91205
MET WITH: Najwa Elwan- Wellness Director	DATE: 02/09/2026
	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff did not seek timely medical attention for resident.
2	Staff neglect resulted in resident developing a pressure injury.
3	Staff did not ensure resident received adequate nutrition.
4	Staff did not ensure comfortable living accommodations were provided for resident.
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPA) Leslie Ngo-Castaneda conducted a subsequent complaint visit to the
2	facility to investigate the above allegation. LPA met with the Wellness Director (S2), Najwa Elwan, and
3	advised them about the visit.
4	
5	An entrance interview was conducted.
6	
7	To investigate the allegation on 1.21.2026 at 1:09 PM, LPA conducted a physical plant tour to ensure the
8	health and safety of the clients in care. LPA interviewed thirteen (13) out of eighty-one (81) residents from
9	1:09 PM until 2:00 PM. LPA interviewed the executive director and four (4) staff who were present at the
10	facility from 12:40 PM to 1:08 PM. LPA reviewed the residents' records from 2:05 PM to 2:30 PM. During
11	initial visit LPA Ngo-Castaneda also received and reviewed copies of documents related to the
12	
13	Continue to LIC 9099-C

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Leslie Ngo-Castaneda
LICENSING EVALUATOR SIGNATURE:

DATE: 02/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/09/2026

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-20260115145239

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: ARARAT GARDENS

FACILITY NUMBER: 198603605

VISIT DATE: 02/09/2026

NARRATIVE

1 investigation, including, but not limited to staff and resident roster, residents' physician's report,
2 admissions agreement, appraisals, need and service plan and other documents. After the initial visit,
3 LPA requested and received R1's medical records from the hospital, and they were reviewed on
4 February 3, 2026.

5

6 **Allegation #1: Staff did not seek timely medical attention for resident.**

7

8 It was alleged that facility staff did not seek medical attention in a timely manner for resident #1 (R1's)
9 altered mental status. LPA review of R1's file revealed the following: R1 was assessed and admitted to
10 the facility on October 15, 2025; LPA interview with executive director (ED) and other staff revealed that
11 R1 and all the residents are receiving adequate care and supervision by facility staff, and that 911
12 emergency service calls are made by staff if necessary.

13

14 LPA interviews with thirteen (13) out of eighty-one (81) residents state that staff provide satisfactory care
15 and supervision. R1's physician's report does not identify that R1 had altered mental condition. A review
16 of hospital medical records also did not provide any information to support the allegation.

17

18 Therefore, based on LPA interviews and record review, the allegation is **Unsubstantiated** at this time.

19

20 **Allegation #2: Staff neglect resulted in resident developing a pressure injury.**

21

22 It was alleged that R1 developed a pressure injury while in care at the facility. ED and other staff
23 indicated that R1 had no pressure injuries. A review of R1's facility file and hospital records did not
24 provide any information to verify that R1 developed pressure injuries. There was no indication that R1
25 developed any pressure injury. The information available during this investigation does not verify the
26 allegation. Therefore, based on interviews and record review and due to lack of supporting evidence, the
27 allegation is **unsubstantiated** at this time.

28

29 Continue to LIC 9099-C

30

31

32

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Leslie Ngo-Castaneda
LICENSING EVALUATOR SIGNATURE:

DATE: 02/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/09/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 31-AS-20260115145239

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,

FACILITY NAME: ARARAT GARDENS

FACILITY NUMBER: 198603605

VISIT DATE: 02/09/2026

NARRATIVE

1 **Allegation #3: Staff did not ensure resident received adequate nutrition.**

2
3 It was alleged that the facility was not providing adequate nutrition for R1 which led to R1 losing weight.
4 During LPA's visits, it was observed that the facility offers a well-balanced, nutritious meal throughout the
5 day with various options. During interviews with staff, all staff stated they not only fed the residents and
6 provided the same meals as everyone else but also offered additional food according to residents'
7 preferences and dietary restrictions. Staff always encourage and assist residents to finish their meal.
8 During interviews with residents, all residents stated they are served three (03) meals a day and that
9 snacks are available throughout the day. During an interview with a third-party witness, they stated that
10 residents loved the food at the facility and did not suspect any malnutrition or inconsistencies while
11 visiting the facility.

12
13 A review of the R1 medical records from the hospital did not indicate that the resident was
14 malnourished.
15 Based on interviews, observations, and record review, there is not enough information to verify the
16 allegation. Therefore, the allegation is **Unsubstantiated** at this time.
17

18 **Allegation #4: Staff did not ensure comfortable living accommodations were provided for**
19 **resident.**

20
21 It was alleged that staff do not provide comfortable living accommodation in R1's bedroom. R1 resided
22 in bedroom #12, and it was observed that R1 had all required furniture. Everything was functional and
23 comfortable. LPA's observation of other residents bedrooms revealed that the facility residents have
24 preferences for their living accommodations and staff is trying to accommodate them to the best of their
25 ability. LPA interview with the staff revealed that every resident has their own preferences and up to date
26 they have not received any complaints from any resident about their living arrangements. Residents
27 revealed that they did not have any problem with the living accommodation in their respective rooms.
28

29
30 Based on interviews and observations, there is not enough information to verify the allegation.
31 Therefore, the allegation is **Unsubstantiated** at this time.
32

Exit interview conducted. A copy of this report was given to the Wellness director (S2).

SUPERVISORS NAME: Naira Margaryan

LICENSING EVALUATOR NAME: Leslie Ngo-Castaneda

LICENSING EVALUATOR SIGNATURE:

DATE: 02/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/09/2026