

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565800978
Report Date: 06/27/2026
Date Signed: 06/27/2026 02:42:06 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #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 02/27/2026 and conducted by Evaluator Zabel Chochian

	COMPLAINT CONTROL NUMBER: 29-AS-20260227164234
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FACILITY NAME:	UNIVERSITY VILLAGE THOUSAND OAKS	FACILITY NUMBER:	565800978
ADMINISTRATOR:	DMITRY ESTRIN	FACILITY TYPE:	741
ADDRESS:	3415 CAMPUS DRIVE	TELEPHONE:	(805) 241-3000
CITY:	THOUSAND OAKS	ZIP CODE:	91360
CAPACITY:	514	DATE:	06/27/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	02:11 PM
	CENSUS: 366	TIME COMPLETED:	02:45 PM
MET WITH:	Mauricio Perez, Director of Environmental Services		

ALLEGATION(S):

1	Lack of supervision resulting in resident being assaulted by another resident.
2	Licensee did not ensure that resident was provided with a safe environment.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Zabel Chochian conducted a subsequent complaint visit to deliver
2	investigation findings. LPA met with concierge staff and introduced self. On duty Director was contacted
3	and LPA explained the reason for the visit. Director of Environmental Services Mauricio Perez arrived at
4	approximately 2:30p.m. and met with LPA. Reason for the visit and the allegation finding was discussed.
5	
6	On 02/27/2026, The Department received a complaint alleging that due to lack of supervision resulted in
7	a resident being assaulted by another resident and that the licensee did not ensure that the resident was
8	provided with a safe environment. On 03/03/2026, LPA Chochian conducted an initial complaint
9	investigation. During the visit, LPA conducted interviews with the Executive Director (ED) and eight (8)
10	random residents from approximately 1p.m.- 3 p.m. In addition, copies of pertinent documents were
11	obtained. Following is the summary of the allegations and investigation finding:
12	
13	(Continue to LIC9099c)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Desaree Perera

LICENSING EVALUATOR NAME: Zabel Chochian

LICENSING EVALUATOR SIGNATURE:

DATE: 06/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/27/2026

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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COMPLAINT INVESTIGATION REPORT

(Cont)

FACILITY NAME: UNIVERSITY VILLAGE THOUSAND OAKS

FACILITY NUMBER: 565800978

VISIT DATE: 06/27/2026

NARRATIVE	
1	Regarding allegations "Lack of supervision resulting in resident being assaulted by another resident"
2	and "Licensee did not ensure that resident was provided with a safe environment": Information was
3	received that Resident #1 (R1) was observed with multiple bruises and alleged R1 was pinned down by
4	Resident #2 (R2) and sexually assaulted. Furthermore, information was received that R1 is not safe
5	since R2 continues to pursue R1.
6	
7	Information gathered during the course of the investigation reflected that once ED had knowledge of the
8	allegations, an interview was conducted with R1 and R2. R1 denied any type of physical or sexual
9	abuse by resident R2. R1 reported to ED and the Department that they were previously involved in a
10	romantic relationship with R2, however, R2 was never sexually or physically abusive. In reference to
11	their romantic relationship, R1 disclosed that on one occasion R2 was a "little rough" while engaging in a
12	consensual sexual activity but not intending to harm R1. When R1 asked R2 to stop R1 immediately
13	complied.
14	
15	Records reviewed revealed that both residents currently reside at the Independent Living section of the
16	facility and don't require assistance with activities of daily living. R1 also handles own medications.
17	Residents have pendants in case of an emergency requiring immediate assistance.
18	
19	Regarding R1's alleged bruises, R1 denied that the bruising was related to any type of physical or
20	sexual abuse. It was confirmed that R1 was under prescribed aspirin which could be the cause of R1's
21	multiple bruises. R1 denied the allegations and indicated that whoever reported the allegations was
22	falsely accusing R2. R1 denied being a victim of any type of physical or sexual abuse. R1 additionally
23	denied being forced into sexual activity with R2. R1 explained that they were previously in a romantic
24	relationship with R2. R1 explained that on one occasion, they engaged in aggressive sexual activity and
25	when R1 told R2 to stop R2 immediately stopped. R1 reiterated that their sexual behaviors were
26	consensual and denied being a victim of physical or sexual abuse. R1 reported that they no longer
27	wanted a relationship with R2 and R2 understood the "no-contact" expectation from R1. R1 denied any
28	type of abuse, neglect or lack of care by the facility staff. R1 indicated that they felt safe at the facility
29	and were extremely happy living at the facility.
30	
31	Other residents interviewed during the initial visit reported being very satisfied with the facility, residents
32	and care staff. No issues or concerns were mentioned during the random interviews.
(Continue to LIC9099c)	

SUPERVISORS NAME: Desaree Perera

LICENSING EVALUATOR NAME: Zabel Chochian

LICENSING EVALUATOR SIGNATURE:

DATE: 06/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/27/2026

LIC9099 (FAS) - (06/04)

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Control Number 29-AS-20260227164234

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

CCLD Regional Office, 21731 VENTURA BLVD.
#250
WOODLAND HILLS, CA 91364

FACILITY NAME: UNIVERSITY VILLAGE THOUSAND OAKS

FACILITY NUMBER: 565800978

VISIT DATE: 06/27/2026

NARRATIVE

1 Information obtained from interviews conducted provided no corroborating evidence of R1 being
2 physically or sexually abused while in the facility. Local law enforcement was also contacted, and it was
3 determined that no investigation was initiated since R1 did not file a claim.
4
5 Based on information gathered during the course of the investigation, the Department does not have
6 sufficient evidence to corroborate the allegations. Although the allegations may have happened or is
7 valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur,
8 therefore allegations "Lack of supervision resulting in resident being assaulted by another resident" and
9 "Licensee did not ensure that resident was provided with a safe environment" is deemed
10 UNSUBSTANTIATED at this time.
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12 Exit interview conducted. Copy of report provided.
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SUPERVISORS NAME: Desaree Perera
LICENSING EVALUATOR NAME: Zabel Chochian
LICENSING EVALUATOR SIGNATURE:

DATE: 06/27/2026

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