

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 565801810

Report Date: 03/10/2026

Date Signed: 03/10/2026 10:34:01 AM

## 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/27/2025** and conducted by Evaluator Tuesday Cabiness

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 31-AS-20250227131750</b>
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<b>FACILITY NAME:</b> VENTURA TOWNEHOUSE	<b>FACILITY NUMBER:</b> 565801810
<b>ADMINISTRATOR:</b> EVAN GRANUCCI	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 4900 TELEGRAPH ROAD	<b>TELEPHONE:</b> (805) 642-3263
<b>CITY:</b> VENTURA	<b>ZIP CODE:</b> 93003
<b>CAPACITY:</b> 566	<b>DATE:</b> 03/10/2026
<b>MET WITH:</b> Evan Granucci	<b>UNANNOUNCED TIME BEGAN:</b> 09:45 AM
	<b>TIME COMPLETED:</b> 10:30 AM

### ALLEGATION(S):

1	Facility has insufficient staffing to meet the needs of residents in care
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Tuesday Cabiness conducted a subsequent visit to deliver the final findings of the allegation mentioned above. LPA met with Administrator Evan Granucci and informed him the reason of the visit. The following was determined:
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5	To investigate the allegation, on 03/07/2025, from 10:00 a.m. to 1:00 p.m., Licensing Program Analyst
6	(LPA) conducted an initial complaint visit, during which interviews were conducted with ten (10) out of ten
7	(10) residents and three (3) staff members. LPA also obtained and reviewed resident and facility
8	documentation. On 09/17/2025, from 2:30 p.m. to 4:30 p.m., LPA interviewed the reporting party and
9	obtained additional information related to the complaint. On 01/15/2026, a subsequent visit was
10	conducted and, from 10:00 a.m. to 1:00 p.m., LPA interviewed fourteen (14) out of fourteen (14) residents
11	and four (4) staff members.
12	
13	(Con'td LIC9099C)

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Nichelle Gillyard  
**LICENSING EVALUATOR NAME:** Tuesday Cabiness  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/10/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/10/2026

**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-20250227131750**

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:** VENTURA TOWNEHOUSE

**FACILITY NUMBER:** 565801810

**VISIT DATE:** 03/10/2026

### NARRATIVE

1 According to the complaint, Resident #1 (R1) was paying for a higher level of care due to an injury  
2 requiring transfer assistance from staff. It was alleged that despite the increased level of care, staff  
3 response times did not improve. The complaint further alleged that staff frequently failed to respond in a  
4 timely manner, resulting in R1 attempting to transfer independently, sliding to the floor, and on one  
5 occasion remaining on the ground for approximately two (2) hours before receiving assistance. Overall,  
6 the complaint alleges that the facility is short staffed.

7  
8 To assess staffing sufficiency, LPA reviewed staff schedules and interviewed staff and residents. Staff  
9 schedules for the relevant time frames reflected staffing levels consistent with facility requirements for  
10 both day and evening shifts. Caregivers, medication technicians, and management staff were present  
11 and available to assist residents as needed. Staff reported that response times may vary depending on  
12 workload and resident needs at any given time; however, staff denied that R1 had been left on the floor  
13 for hours. Staff indicated they communicate frequently via walkie-talkies and are aware of residents  
14 requiring two person assistance, including R1. Residents interviewed reported that while there are  
15 occasional delays in assistance due to staff attending to other residents, staff ultimately respond and  
16 provide necessary support. Residents denied experiencing or witnessing wait times of several hours for  
17 assistance.

18  
19 Based on interviews conducted and records reviewed, the allegation may have occurred; however, there  
20 is insufficient evidence to determine that the facility had inadequate staffing or that R1 was left  
21 unattended for an extended period of time. Therefore, the allegation is deemed Unsubstantiated at this  
22 time.

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24 Exit interview conducted and copy of report provided to Administrator.  
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**SUPERVISORS NAME:** Nichelle Gillyard  
**LICENSING EVALUATOR NAME:** Tuesday Cabiness  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/10/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/10/2026

LIC9099 (FAS) - (06/04)

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