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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565801810
Report Date: 08/20/2026
Date Signed: 08/20/2026 01:33:41 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 **09/11/2025** and conducted by Evaluator Tuesday Cabiness

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20250911105505

FACILITY NAME:	VENTURA TOWNEHOUSE			**FACILITY NUMBER:**	565801810
ADMINISTRATOR:	EVAN GRANUCCI			**FACILITY TYPE:**	740
ADDRESS:	4900 TELEGRAPH ROAD			**TELEPHONE:**	(805) 642-3263
CITY:	VENTURA	**STATE:** CA		**ZIP CODE:**	93003
CAPACITY:	566	**CENSUS:** 254		**DATE:**	08/20/2026
		UNANNOUNCED		**TIME BEGAN:**	09:09 AM
MET WITH:	Evan Granucci			**TIME COMPLETED:**	12:30 PM

ALLEGATION(S):

1. Staff did not assist resident with getting their needs met at a medical facility
2. Staff do no ensure residents have access to transportation from required medical appointments

INVESTIGATION FINDINGS:

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 information was provided:

Allegation #1: Staff did not assist the resident with getting their needs met at a medical facility.
To investigate the allegation, on 09/18/2025, from 10:00 a.m. to 1:00 p.m., (LPA) interviewed three (3) staff members, Resident #1 (R1), and twelve (12) out of twelve (12) residents. LPA also obtained and reviewed facility and resident records. During today's subsequent visit, 08/20/2026, LPA conducted follow-up interviews with three (2) staff members and twelve (12) residents. According to the complaint, R1, was dropped off at medical appointments without assistance and was unsure whether prescribed medications were being taken, resulting in concerns that the facility was neglecting R1's medical needs....(Cont'd LIC9099C) - page 1

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Tuesday Cabiness
LICENSING EVALUATOR SIGNATURE:
DATE: 08/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/20/2026

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

Control Number 31-AS-20250911105505

FACILITY NAME: VENTURA TOWNEHOUSE **FACILITY NUMBER:** 565801810
VISIT DATE: 08/20/2026

NARRATIVE

LPA interviewed R1, who acknowledged needing assistance at times but stated that R1 chooses to make personal decisions and that family members are actively involved in R1's care. Records confirmed that R1's family members serve as the responsible parties. Staff reported they assist and guide R1 as needed; however, R1's family schedules medical and personal appointments and arranges transportation. Physician records indicate that R1 is able to leave the facility unassisted. Although R1 has a documented cognitive disorder, R1 stated that medical decisions are made jointly by R1 and family members. Resident records further confirm that the facility manages and administers R1's medications, which are services being paid for by (R1). According to (R1s) admission agreement, “personal transportation and supervision” is an optional service for an additional charge for residents, which was declined by (R1).

Residents interviewed reported using various transportation options for medical appointments, including the facility's transportation service and other transportation providers. None of the residents interviewed expressed concerns regarding the transportation assistance or medical support provided by the facility. Based on interviews conducted and records reviewed, there is insufficient evidence to support the allegation that facility staff failed to assist R1 in meeting medical needs during medical appointments. Therefore, the allegation is Unsubstantiated.

Allegation #2**:** Staff do not ensure residents have access to transportation for required medical appointments. To investigate the allegation, on 09/18/2025, from 10:00 a.m. to 1:00 p.m., (LPA) interviewed three (3) staff members, Resident #1 (R1), and twelve (12) of twelve (12) residents. LPA also obtained and reviewed facility and resident records. During a subsequent visit, LPA conducted follow-up interviews with three (3) staff members and twelve (12) residents.

According to the complaint, there were concerns that the facility did not provide transportation for R1’s medical appointments. Interviews with R1, other residents, and facility staff revealed that the facility provides transportation for residents’ appointments, including medical and personal appointments. Staff #1, the transportation supervisor, reported that the facility driver follows a set schedule for resident pick-ups and drop-offs throughout the week, with designated days for resident outings.

(Cont'd LIC9099 - page 2)

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NARRATIVE

Regarding R1, interviews and records revealed that R1 also uses a personal driver arranged by R1 and R1's family for personal and medical appointments. Facility staff reported that the facility has provided transportation for appointments scheduled by R1. Staff further reported that an escort service is available for residents who require assistance during appointments. The escort service is a paid service and was offered to R1; however, R1 and R1's family declined the service.

Based on interviews conducted and facility and resident records reviewed, there was insufficient evidence to support the allegation that staff do not ensure residents have access to transportation for required appointments. Therefore, the allegation is **Unsubstantiated**.

Exit interview and copy of report provided to Administrator.

SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Tuesday Cabiness
LICENSING EVALUATOR SIGNATURE:
DATE: 08/20/2026

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