

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 565802433  
Report Date: 02/20/2025  
Date Signed: 02/20/2025 03:08:38 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/26/2024** and conducted by Evaluator Kelly Dulek

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20240726110738</b>
--	---

<b>FACILITY NAME:</b> BELMONT VILLAGE THOUSAND OAKS	<b>FACILITY NUMBER:</b> 565802433
<b>ADMINISTRATOR:</b> CYNTHIA DRACHENBERG	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 3680 N MOORPARK RD	<b>TELEPHONE:</b> (805) 496-9301
<b>CITY:</b> THOUSAND OAKS	<b>STATE:</b> CA <b>ZIP CODE:</b> 91360
<b>CAPACITY:</b> 158	<b>CENSUS:</b> 106 <b>DATE:</b> 02/20/2025
<b>MET WITH:</b> Cynthia Drachenberg	<b>UNANNOUNCED TIME BEGAN:</b> 02:04 PM
	<b>TIME COMPLETED:</b> 03:15 PM

**ALLEGATION(S):**

1	Staff did not properly treat resident's wound
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Kelly Dulek conducted a subsequent complaint investigation with the purpose of delivering findings for the above listed allegation. Upon arrival, LPA met with staff who informed Executive Director (ED), Cynthia Drachenberg of LPA's visit. Reason for the visit was stated.
2	Entrance interview conducted with ED.
3	
4	
5	
6	LPA Zabel Chochian conducted an initial complaint visit on 08/05/2024. During that visit, LPA obtained copy of the resident and staff roster and pertinent information relevant to the investigation was also gathered. LPA Dulek conducted a subsequent complaint visit on 02/05/2025. During the subsequent visit, LPA reviewed and obtained copies of pertinent documents, conducted staff interviews at 12:18PM, 01:10PM, 02:30PM, 02:39PM, and 02:56PM. LPA also obtained a copy of the resident and staff roster.
7	LPA Dulek conducted an additional subsequent visit on 02/14/2025. During this visit, LPA reviewed and obtained copies of
8	
9	
10	
11	
12	
13	Report Continued on LIC 9099-C

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan

**NAME OF LICENSING PROGRAM ANALYST:** Kelly Dulek

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/20/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/20/2025

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 5

**Control Number** 29-AS-20240726110738

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 (Cont)

**FACILITY NAME:** BELMONT VILLAGE THOUSAND OAKS

**FACILITY NUMBER:** 565802433

**VISIT DATE:** 02/20/2025

### NARRATIVE

1 additional relevant documents and discussed the allegations with the ED, who also communicated with  
2 their corporate office. Throughout the course of the investigation, LPA reviewed all documents obtained,  
3 conducted telephonic interviews with additional staff and other relevant parties. The following was then  
4 determined:  
5  
6 It was alleged that staff did not properly treat Resident #1 (R1)'s wound. LPA reviewed R1's records,  
7 which indicate R1 was seen by a podiatrist on 11/14/2023. The podiatrist diagnosed R1 with "contusion  
8 hallux toe left foot" and complete onycholysis hallux toe left foot." Plan of treatment indicated "toenail  
9 hallux toe left foot cleansed; antibiotic dressing applied. Continue triple antibiotic dressing changes  
10 every day for 2 weeks." On the same date, podiatrist wrote a prescription for triple antibiotic ointment.  
11 Medication Administration Records (MAR) for R1 indicates routine med order for Wound Care. Orders  
12 read "apply triple antibiotic ointment to left foot big toe and cover with bandaid daily for 2 weeks." MAR  
13 indicates treatment was administered on 11/16, 11/17, 11/18, and 11/19/2023. Treatment was  
14 discontinued on 11/20/2023 with a note indicating the wound was "healed up." Staff interviews revealed  
15 that R1 was receiving wound treatment as ordered on their foot, however at the time of the interviews,  
16 staff could not recall which foot was being treated. Additionally, interviews and documents reviewed  
17 revealed that once the wound was healed and all skin on R1's left toe was observed intact, wound  
18 treatment was discontinued. On 12/06/2023, R1 reported to facility staff R1 had something on their toe.  
19 One of the facility nurses looked at R1's right big toe and noted it to be discolored and swollen. Nurse  
20 took a photograph of R1's right big toe and sent the photograph to R1's primary care physician. After  
21 communicating with R1's physician via email, R1's physician sent an order to discontinue use of R1's  
22 compression socks, an order for Doxycycline, and wrote to see podiatrist ASAP. R1's responsible party  
23 took R1 to the podiatrist the following day. The medication order was filled, however, was never  
24 administered on the MAR, as R1 was taken out of the facility on 12/08/2023 and did not return. The  
25 information obtained during the investigation did not include evidence sufficient to corroborate the  
26 allegation. Although the allegation may have happened or is valid, there is not sufficient evidence to  
27 prove the alleged violation did or did not occur, therefore the allegation is deemed **Unsubstantiated** at  
28 this time.  
29  
30 No citations issued related to this allegation. Exit interview conducted. A copy of today's report was  
31 provided.  
32

**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan

**NAME OF LICENSING PROGRAM ANALYST:** Kelly Dulek

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/20/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/20/2025

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/26/2024** and conducted by Evaluator Kelly Dulek

**COMPLAINT CONTROL NUMBER: 29-AS-20240726110738**

**FACILITY NAME:** BELMONT VILLAGE THOUSAND OAKS      **FACILITY NUMBER:** 565802433  
**ADMINISTRATOR:** CYNTIA DRACHENBERG      **FACILITY TYPE:** 740  
**ADDRESS:** 3680 N MOORPARK RD      **TELEPHONE:** (805) 496-9301  
**CITY:** THOUSAND OAKS      **STATE:** CA      **ZIP CODE:** 91360  
**CAPACITY:** 158      **CENSUS:** 106      **DATE:** 02/20/2025  
**MET WITH:** Cyntia Drachenberg      **UNANNOUNCED TIME BEGAN:** 02:04 PM  
**COMPLETED:** 03:15 PM

**ALLEGATION(S):**

- |   |  |
|---|--|
| 1 | Staff did not notify resident's responsible party of a change in resident's condition. |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |

**INVESTIGATION FINDINGS:**

- |    |   |
|----|---|
| 1  | Licensing Program Analyst (LPA) Kelly Dulek conducted a subsequent complaint investigation with the purpose of delivering findings for the above listed allegation. Upon arrival, LPA met with staff who informed Executive Director (ED), Cynthia Drachenberg of LPA's visit. Reason for the visit was stated.   |
| 2  | Entrance interview conducted with ED.   |
| 3  |   |
| 4  |   |
| 5  |   |
| 6  | LPA Zabel Chochian conducted an initial complaint visit on 08/05/2024. During that visit, LPA obtained copy of the resident and staff roster and pertinent information relevant to the investigation was also gathered. LPA Dulek conducted a subsequent complaint visit on 02/05/2025. During the subsequent visit, LPA reviewed and obtained copies of pertinent documents, conducted staff interviews at 12:18PM, 01:10PM, 02:30PM, 02:39PM, and 02:56PM. LPA also obtained a copy of the resident and staff roster. |
| 7  | LPA Dulek conducted an additional subsequent visit on 02/14/2025. During this visit, LPA reviewed and obtained copies of additional relevant documents and discussed the allegations with the ED, who also communicated with their corporate Report Continued on LIC 9099-C   |
| 8  |   |
| 9  |   |
| 10 |   |
| 11 |   |
| 12 |   |
| 13 |   |

**Substantiated****Estimated Days of Completion:****NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan**NAME OF LICENSING PROGRAM ANALYST:** Kelly Dulek**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 02/20/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/20/2025

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

LIC9099 (FAS) - (06/04)

Page: 3 of 5

**Control Number 29-AS-20240726110738****COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** BELMONT VILLAGE THOUSAND OAKS**FACILITY NUMBER:** 565802433**VISIT DATE:** 02/20/2025

**NARRATIVE**

1 office. Throughout the course of the investigation, LPA reviewed all documents obtained, conducted  
 2 telephonic interviews with additional staff and other relevant parties. The following was then determined:  
 3  
 4 The complaint alleges that facility staff did not notify Resident #1 (R1)'s responsible party when R1's toe  
 5 was infected. LPA reviewed care notes for R1, which do reflect regular communication with R1's  
 6 responsible person related to medication refills and other concerns. However, interview with R1's  
 7 responsible person revealed that although R1's left toe was treated in November, facility staff did not  
 8 communicate this with R1's responsible person. Facility staff interviewed indicated that while residing at  
 9 the facility, R1 was very alert and communicated daily with their responsible person via telephone. Staff  
 10 interviews revealed that staff also regularly communicated with R1's responsible person in person, via  
 11 telephone, and also via email. However, there were staff changes at the facility from the time R1 resided  
 12 at the facility to the time of the complaint investigation and emails were unable to be retrieved. Staff  
 13 interviewed stated that they don't recall reporting this particular change in condition to R1's responsible  
 14 party, however, typically when staff call a responsible person, it is noted in the resident's care notes.  
 15 Review of R1's care notes showed communication with R1's responsible person on 12/07/2023, after  
 16 R1 reported their right toe was hurting. There were no care notes indicating staff informed R1's  
 17 responsible person about R1's left toe contusion identified on 11/14/2023 during a visit with the  
 18 podiatrist. Based on information gathered during the course of the investigation, there is sufficient  
 19 evidence to support the allegation that "staff did not notify resident's responsible person of a change in  
 20 condition," therefore, the allegation is deemed SUBSTANTIATED at this time.  
 21  
 22 Pursuant to Title 22, California Code of Regulations and/or CA Health and Safety Code, the following  
 23 deficiency was cited (refer to LIC 9099-D.) Administrator was informed that failure to correct the  
 24 deficiency may result in civil penalties.  
 25  
 26 Exit interview conducted, appeal rights discussed and a copy of this report and appeal rights were  
 27 provided.  
 28  
 29  
 30  
 31  
 32

**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan

**NAME OF LICENSING PROGRAM ANALYST:** Kelly Dulek

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/20/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/20/2025

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  
 (Cont)**

**FACILITY NAME:** BELMONT VILLAGE THOUSAND OAKS

**FACILITY NUMBER:** 565802433

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/20/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/06/2025 <b>Section Cited</b> CCR 87466	1 87466 The licensee shall ensure that 2 residents are regularly observed for 3 changes...the licensee shall ensure that 4 such changes are documented and 5 brought to the attention of the resident's 6 physician and the resident's 7 responsible person, if any. This requirement is not met as evidenced by:	1 Executive Director agreed to provide 2 training to all nurses, med techs, and 3 care staff related to observation of the 4 resident and documenting changes 5 observed. Training will be provided and 6 documentation of training will be sent to 7 CCL by POC due date.

	8 9 10 11 12 13 14	Based on interview and record review, the facility did not comply with the above cited section, as R1 was diagnosed with a contusion of their left toe, however no documentation could be found indicating facility staff notified R1's responsible person, which posed a potential health risk to resident.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan  
**NAME OF LICENSING PROGRAM ANALYST:** Kelly Dulek  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 02/20/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 02/20/2025