NLACRC Whistleblower Log

NLACRC designated staff to provide updates on a monthly basis with reports. If a WB complaint is reOPENed, it must be entered in a new row. You may reassign the same case number for tracking purposes. For example, if you have the same issue with new information, this would apply.

Special Contract Language, Article X, Section III. Regional Center Complaints

Contractor shall provide the State every 30 days starting the effective date of this Article, a report of whistleblower complaints received under Contractor's Whistleblower Policy (Regional Center Whistleblower for Vendors, Contractors and Others). Contractor shall continue providing this reporting until SCL is withdrawn. This report shall contain, at a minimum, the following information for each complaint submitted:

(1) Date complaint was received;

(2) Entity that is the target of the complaint (e.g., regional center staff, service provider, community member, etc.); and

(3) Total number of days Contractor took to complete the inquiry/follow-up, from the date the complaint was received until Contractor deemed the complaint closed.

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Entity that is Target of Complaint	Nature of Complaint	Investigation Allegation Details	Actions taken to investigate	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Complaint Investigation Duration (in days)	Submitted/Logged by
7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 -EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.		Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Pending Direction - Submitted Responses to DDS on 8/18/2025 , 09/02/2025, and 09/04/2025		486	Betsy Monahan, HR Director
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-OPENed: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual.		**OPEN**	**OPEN**		482	Betsy Monahan, HR Director
1/4/2026	NLACRC Employee	2026-EWB-21	1/8/2026	NLACRC	Leadership/Governance practices	1. Leadership Conduct. 2. Governance Practices. 3. Conflicts of Interest and Operational Integrity.		**OPEN. Referred to Board Legal Counsel for response and investigation**	OPEN		316	Sheila King, HR Manager
1/11/2026	Community Member	2026-SPWP-41		Service Provider	Excessive Fees	1. Excessive Fees for Social Recreation Activities 2. Lack of itimized breakdown for fees		**OPEN**	OPEN		309	Sheila King, HR Manager
1/13/2026	Community Member	2026-SPWB-35	1/13/2026	Service Provider	Client Rights	1. Alleged that home staff and/or NLACRC staff may be withholding resident's SSI check.		**1. Unsubstantiated**	CLOSED	1/15/2026	2	Arshalous Garlanian, Community Services Director
2/17/2026	Community Member	2026-SPWB-42	2/24/2026	Service Provider	Retaliatory Termination of Employment	1. Assault Incidents due to Behaviorial Plan not consistently followed - **Unsubstantiated** 2. Staff Burnout and Supervision Concerns - **Unsubstantiated** 3. Failure of 2:1 Supervision Ratios - **Unsubstantiated** 4. Lack of Follow up to reported concerns - **Unsubstantiated** 5. Driver Availability Concerns - **Unsubstantiated**	Conducted UV, interviewed staff & management. Reviewed records	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated**	CLOSED	4/13/2026	44	Arshalous Garlanian, Community Services Director
3/10/2026	Family Member	2026-SPWB45	3/24/2026	Service Provider	Report of Concerns	1. Inappropriate Conduct by a DSP assigned to work in home setting, in the presence of a minor child		**1. Unsubstantiated**	CLOSED	3/16/2026	6	Arshalous Garlanian, Community Services Director
5/4/2026	Community Member	2026-SPWB51	5/5/2026	Service Provider	Neglect	1. On 4/29/26 staff from vendored agency reported that on 4/28/26 that an individual served by FDLRC was found covered in her own urine when the caregiver arrived on shift and no one from her facility offered to help. - **Unsubstantiated** 2. The electric chair is also in bad shape; caregiver had to assist with repairing it to prevent from the resident collapsing in it. **Referred to FDLRC CM for further review**		**1. Unsubstantiated** **2. Referred to FDLRC CM for further review**	**CLOSED**	6/26/2026	53	Arshalous Garlanian, Community Services Director
5/20/2026	Community Member	2026-SPWB52	N/A	Service Provider	HR practices; Lack of Training; Staff driving with suspended license; Failure to Report	1. Concerns with HR related practices – **outside of RC Scope referred to DOL** 2. "Administrator" (mother of owner) asks residents to send complaints about staff so they can fire them - **Unsubstantiated** 3. "Administrator" encouraging behaviors so they can request/keep 1:1s. Residents don't all need one - **Unsubstantiated** 4. "Administrator" allows staff with suspended driving license drive residents - **Unsubstantiated** 5. "Administrator" has people/relatives telling home staff what to do when they don't work in the home - **Unsubstantiated** 6. "Administrator" allows staff who don't have DSP certification to administer medication and sign the Administrator's name while she is on FACETIME - **Unsubstantiated** 7. "Administrator" staff don't have CEUs or their DSP 1 and 2 - **Unsubstantiated** 8. "Administrator" does not submit SIRs for incidents – Client 1and Client 2 (residents) had an altercation, but no SIR was submitted. - **Unsubstantiated**		**1. Outside of RC Scope** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated** **6. Unsubstantiated** **7. Unsubstantaited** **8. Unsubstantaited**	**CLOSED**	7/1/2026	42	Arshalous Garlanian, Community Services Director
5/29/2026	Anonymous/Unknown	2026-EWB-55	5/29/2026	NLACRC Employee	Leadership/Workplace Equity	1. Non-management staff are receiving a per payperiod gas stipend, while management staff receive no comparable compensation. 2.A "loyalty pay" bonus applies only to non-management staff 3. Consultants hired to improve workplace fairness have been ineffective. 4. Management is being pressured to discipline employees who voice concerns 5. Executive Director is making unilateral decisions without proper investigation.		**OPEN. Referred to Board Legal Counsel for response and investigation**			171	Sheila King, HR Manager

6/1/2026	Community Member	2026-SPWB-57	6/1/2026	Service Provider	Staffing ratios; Failure to meet PD; Training; Health & Safety	1. The program is not complying with staffing ratios. When direct care staff take scheduled 15-minute breaks, there is no floater or relief staff. Management instructs staff who are already actively supervising their own assigned individuals to simultaneously monitor the absent staff member's assigned individual. In multiple instances, this has left individuals unattended in the community, presenting safety and elopement concerns. - **Substantiated** 2. The program's daily structure does not align with the approved program design. **- Unsubstantiated** 3. Personnel are not qualified and/or lack specialized training that the agency represented they would possess within the program design, specifically for program managers and program directors. **– Substantiated** 4. The program accepts placements that are not aligned with its current clinical and behavioral support capacity, including C1 and C2. **- Unsubstantiated** 5. The program's Executive team dismisses staff concerns for C3 hygiene, cockroach infestation at home, and alleged abuse by her mother. No mandated reports are filed. **– Unsubstantiated**		**1. Substantiated** **2. Unsubstantiated** **3. Substantiated** **4. Unsubstantiated** **5. Substantiated**	Plan of Improvement 6/30/2026	6/30/2026	30	Arshalous Garlanian, Community Services Director
6/5/2026	Community Member	2026-SPWB-53	6/9/2026	Service Provider	Financial Misonduct/fraud/Misappropriation of funds;Failure to adhere to Title 17 audit requirement; Human Resource concerns; Conflict of Interest; Intimidation	1. Financial misconduct, fraud, or misappropriation of organizational funds. 2. Intimidation by ED.		**OPEN**			164	Arshalous Garlanian, Community Services Director
6/5/2026	Community Member	2026-SPWB-54	6/10/2026	Service Provider	Failure to adhere to Title 17 audit requirement; Human Resource concerns; Conflict of Interest; Intimidation	1. Agency ED Deceptive Information of Vendorization Termination 2. Refusal to submit Financial Audits and Discrepancies 3. Internal Obstruction and Lack of Proper Oversight (Conflict of Interest between ED and Board) 4. Workplace and Staff Intimidation		**OPEN**			164	Arshalous Garlanian, Community Services Director
6/8/2026	Community Member	2026 -SPWB-58	6/8/2026	Service Provider	Improper Data Collection and Documentation; Reporting and Billing Concerns	1. Improper Data Collection and Documentation - **Unsubstantiated** a. Dating back to October 2025, and potentially years prior, the program allegedly falsified client data, did not maintain proper data documentation, and submitted progress reports lacking objective metrics. b. The program's service protocols state that AST services will be conducted using specific methodologies with progress measured by defined metrics; however, the data collected was unquantifiable, unrelated to those metrics, and could not substantiate the performance presented in official progress reports. c. There are inconsistences between the stated goal methodologies and the actual data collected. d. There are discrepancies between raw data and the final progress reports submitted. e. Clinical metrics and data tracking were fabricated or missing entirely. f. End-of-session summaries are missing, incomplete, or unprofessional. g. The program could not produce requested historical documentation and data records. h. Physical data submissions were left uncollected and/or unreviewed for at least a year. 2. Reporting and Billing Concerns - **- Unsubstantiated** a. Program leaders are aware of these issues but did not initiate an audit or notify the regional center. b. The program potentially billed		**1. Unsubstantiated** **2. Unsubstantiated**		6/22/2026	15	Arshalous Garlanian, Community Services Director
6/9/2026	Community Member	2026-SWPB-59	6/10/2026	Service Provider	Lack of Supervision; Client Rights; Driver Qualification; Health & Safety; Lack of Training	1. Staff 1 leaves participants unsupervised (e.g. outside the building or out of visual proximity). - **Unsubstantiated** a. The most recent incident occurred on January 14, 2026, and was formally reported to the Regional Director and Program Director. 2. Demeaning and disrespectful treatment of participants by Staff 1 - **Unsubstantiated** 1. Staff 1 allegedly threatened to take away activities or remove Client 2 access to his personal belongings if he did not listen to her. - **Unsubstantiated** 2. A formal complaint was reportedly filed (potentially on or around January 15, 2026) by C2 with Admin and the CEO becauseStaff 1 was rude to him. - **- Unsubstantiated** 3. Driver Qualifications a. Staff drivers do not have the correct license to operate the program's commercial vehicles that transport 12+ passengers. **- Unsubstantiated** 4. Exposure to Extreme Weather and Environmental Hazards **- Unsubstantiated** 1. Staff 2 regularly schedules strenuous activities during periods of extreme weather, regardless of participants' medical vulnerabilities. **- Unsubstantiated** 2. On June 3, 2026, a cooking activity utilizing hot ovens was mandated and conducted in weather exceeding 90°F. Medically fragile participants, including Client 3, were exposed to dangerous thermal conditions. **- Unsubstantiated** 3. Lack of staff training, specifically: - **Substantiated** 1. Safe lifting and transfer procedures 2. Mechanical lift operation and wheelchair securement 3. Restroom and mobility assistance 4. Appropriate personal protective equipment (PPE)		**1. Unsubstantiated** **2. Unsubstantiated** **2.1 Unsubstantiated** **2.2 Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **4.1 Unsubstantiated** **5. Substantiated**	Plan of Improvement 6/30/2026	6/30/2026	21	Arshalous Garlanian, Community Services Director
6/10/2026	Community Member	2026-SPWB-60	N/A	Service Provider	Health & Safety; Unsafe driving practices; Failure to protect by not following policies & procedures; Unfair/equitable work practices by management; Extended breaks; Lack of supervision	1. Client sustained head injury due to lack of supervision and not taking appropriate precautions. - **Substantiated** 2. Several staff (drivers/attendants) have reported Driver 1's behavior to management and no meaningful action appears to have been taken. - **Unsubstantiated** 3. Driver 1 has made inappropriates comments and unsafe conduct. - **Unsubstantiated** 4. Inappropriate behavior between Driver 1 and Attendant 1 in public areas and near group homes. - **Unsubstantiated** 5. Driver 1 taking long breaks. **Unsubstantiated** 6. Driver 1 making inappropriate comments to Attendant 2.**Unsubstantiated** 7. Appears to be "very little supervision in the field".**Unsubstantiated**	Transportation Broker conducted investigation and issued Plan of Correction.	**1. Substantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated** **6. Unsubstantiated** **7. Unsubstantiated**	6/16/2026 (Plan of Correction)	7/31/2026	51	Arshalous Garlanian, Community Services Director
6/15/2026	Community Member	2026-SPWB61	6/18/2026	Service Provider	Failed to provide records to auditors; organizational funds potentially mismanaged	1. Executive Director failed to provide the necessary records to auditors 2. Inconsistent and contradictory information regarding the organization's financial status 3. Questions as to whether organizationfunds were managed appropriately 4. Atmosphere of intimidation during staff meeting		**OPEN**			154	Arshalous Garlanian, Community Services Director

6/22/2026	Community Member	2026-SPWB62	6/22/2026	Service Provider	Improper Admimistrative practices by NLACRC	1. Improper administrative handling and file mismanagement by NLACRC's Fiscal and Auditing Dept. 2. Continued service hold since April 2, 2026, despite clearance of the Auality Assurance review and financial audit 3. Failure to schedule a final exit conference or communicate a resolution timeline 4. Indefinite withholding of earned vendor payments without an official determinaiton		**OPEN**			115	Arshalous Garlanian, Community Services Director
07/04/26	Family Member	2026-SPWB63	N/A	Service Provider	Unprofessional Staff Conduct; Violation of Agency Code of Conduct	1. Determine whether the person shown is a vendor employee - **Substantiated** 2. Determine whether this individual holds any client-facing, crisis-response, hotline, public-contact, or supervisory duties. - **Substantiated**	Interviewed agency leadership; Requested formal	**CLOSED**	N/A	07/07/26	3	Arshalous Garlanian, Community Services Director
07/06/26	Community Member	2026-SPWB65	7/6/2026	Service Provider	Hiring & Training practices	1. Staff having little or no prior ABA experience for individuals being hired. - Unsubstantiated 2. New hires are not completing or being provided mandatory 40-hour training program. - Substantiated 3. Individual not being paid for using his personal indeed account to post/ recruit job OPENings. - Out of RC Scope	Previously investigated. Conducted personnel record review at agency site. Interviewed agency management. Issued Plan of Improvement	**CLOSED**		07/06/26	1	Arshalous Garlanian, Community Services Director
07/09/26	Community Member	2026-EWB-64		Employee	Improper Conduct	Improper conduct related to a minor	Requested more information in order to investigate	**OPEN**			130	Sheila King, HR Manager
07/16/26	Community Member	2026-SPWB-69	7/16/2026	Service Provider	Conflict of Interest; Medication Issues; Lack of Supervision; Hygiene and Personal Care Concerns; Nutrition and Health Impacts Safety and Professional Boundaries	Conflict of Interest - **All Unsubstantiated** 1. The relationship between Supervisor and the DSP working with the individual served. They are mother daughter and their interactions are creating conflict in the home. 2. Due to mother daughter relationship, reports made to the supervisor do not result in corrective action. 3. DSP allegedly has ongoing negative interactions with other DSPs. Medication Issues - **All Unsubstantiated** 4. DSPs reportedly are not placing medications in med boxes on time. 5. Concerns regarding client getting her medications as scheduled. Lack of Supervision **- All Unsubstantiated** 6. CLient has reportedly been left alone for extended periods. 7. DSPs arrive late or fail to report for their shift, resulting in unsafe periods without required 24/7 support. Hygiene and Personal Care Concerns - **All Unsubstantiated** 8. Insufficient toileting and bathing support, including poor wiping that results in recurring rashes and minimal assistance during showers. Nutrition and Health Impacts - **- All Unsubstantiated** 9. DSP reportedly provides food inconsistent with client dietary needs. 10. This allegedly has contributed to significant weight gain and new preventable medical conditions requiring medication. Safety and Professional Boundaries - **Unsubstantiated** 11. Reports indicate that DSP has made inappropriate and unsafe statements to client regarding her personal relationship with her partner. Client. reported that DSP instructed Client. to charge her partner each time they have intercourse.	Conducted UV, interviewed client, staff & management. Reviewed client records	**1. - 3. Unsubstantiated** **4. - 5. Unsubstantiated** **6. - 7 Unsubstantiated** **8. Unsubstantiated** **9. - 10. Unsubstantiated** **11. Unsubstantiated**	N/A	08/31/26	46	Arshalous Garlanian, Community Services Director
07/16/26	Community Member	2026-SPWB-70	7/17/2026	Service Provider	Lack of Employment Opportunties; Inconsisted Communication;	1. The classes attended beginning in 2024 did not meaningfully contribute to obtaining stable, full-time employment in my chosen field. - **Unsubstantiated** 2. Although I appreciated the internship opportunities that were provided, they did not offer financial stability nor did they lead to permanent or full-time employment. - **Unsubstantiated** 3. Communication regarding employment opportunities, apprenticeships, and potential job placements was inconsistent and often lacked meaningful follow-up. - **Unsubstantiated** 4. During periods of significant financial hardship, client was repeatedly encouraged to "be patient," creating the expectation that employment opportunities were forthcoming. Unfortunately, those expectations were never realized. **- Unsubstantiated** 5. There was limited follow-up regarding potential employment opportunities discussed with organizations such as Warner Bros., Paramount, COSM, the Honda Center, and other employers. **- Unsubstantiated** 6. When client expressed concern that they had still not secured permanent employment after two years, they was encouraged to enroll in additional classes rather than receiving a clear explanation of why the employment opportunities they had been working toward had not materialized or discussing alternative strategies to help them reach my employment goal. - **Unsubstantiated**	Interviewed program staff and management and client; Reviewed Program design,	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated** **6. Unsubstantiated**	N/A	08/26/26	42	Arshalous Garlanian, Community Services Director
07/22/26	Community Member	2026-SPWB-67	7/23/2026	Service Provider	Failed to provide records to auditors; organizational funds potentially mismanaged	1. Executive Director failed to provide the necessary records to auditors 2. Inconsistent and contradictory information regarding the organization's financial status 3. Questions as to whether organizationfunds were managed appropriately 4. Atmosphere of intimidation during staff meeting		**OPEN**			117	
07/23/26	Staff	2026-SPWB-66	7/23/2026	Service Provider	Services not provided in accordance with PD	1. Staff never met with Consumer **- Unsubstantiated** 2. Fraudulent Activity - Services not provided in home. - **Substantiated**	Interviewed staff, provider; reviewed records	**1. Unsubstantiated** **2. Substantiated**	8/7/2026 (Program Design Addendum)	08/07/26	15	Arshalous Garlanian, Community Services Director

07/29/26	Community Member	2026-SPWB-71	7/29/2026	Service Provider	Health & Safety Concerns; Food Issues; Staffing Deficiencies	Health & Safety Concerns **- ALL Unsubstantiated** 1. Residents are allegedly not being cared for properly. 2. Reports of emotional abuse - For example, a statement made "No one wants you here." 3. Residents allegedly express a desire to move out of the home. Food Issues **- ALL Unsubstantiated** 4. The approved menu is allegedly not being followed. 5. Residents are given cheap, highly processed food. This is particularly concerning for a male resident with high blood pressure. Staffing Deficiencies **- Unsubstantiated** 6. Staff allegedly don't have DSP certifications.	Conducted UV, interviewed staff & management. Reviewed records	**1. - 3. Unsubstantiated** **4. - 5. Unsubstantiated** **6. - Unsubstantiated**	8/12/2026	08/12/26	14	Arshalous Garlanian, Community Services Director
07/30/26	Anonymous/Unknown	2026-EWB-68	8/3/2026	NLACRC Employee		1. Concerns regarding Executive Director's leadership and decision-making 2. Engaging in conduct that is perceived as retaliatory toward directors and staff who express differing opinions or challenge decisions 3. Disputing a potential Conflict of Interest relating to a Board Member which raises concerns about impartiality 4. Preferential treatment to this Board Member		**OPEN**			109	Sheila King, HR Manager
08/09/26	Community Member	2026-SPWB-72	8/13/2026	Service Provider		1. FACILITY-USE AND CAMPUS SAFETY CONCERNS 2. WHISTLEBLOWER NOTICES TO TIERRA DEL SOL FOUNDATION 3.THREEFOLD VILLAGE RETALIATION HISTORY 4.LEGAL COMPLIANCE STATUS, and ITS SUCCESSOR ENTITY	Conducted Site Visit; Interviewed management staff; Reviewed PD and CCL reports.	**CLOSED** **1. Unsubstantiated** **2. Unsubstantiated** **3. Outside of RC Scope** **4. Outside of RC & Program Scope**	N/A	09/30/26	53	Arshalous Garlanian, Community Services Director
08/03/26	Community Member	2026-SPWB-74	N/A	Service Provider	Inappropriate conduct	1. Home Administrator showing a resident inappropriate pictures of persons they were dating. - **Unsubstantiated**	Interviewed the staff and resident	**CLOSED**	N/A	08/06/26	3	Arshalous Garlanian, Community Services Director
08/10/26	Community Member	2026-SPWB-75	N/A	Non Vendored Provide	Inappropriate conduct	1. Hostile treatment by Director. 2. Unsafe environment.	RC has no oversight over non-vendored entities	**CLOSED**	N/A	08/11/26	1	Arshalous Garlanian, Community Services Director
08/12/26	Community Member	2026-SPWB-76	8/12/2026	Non Vendored Provide	Failure to report;	1. Provider failed to report allegations of abuse. 2. Agency hired individual with history of abuse and failed to inform the family.		**OPEN**			75	Arshalous Garlanian, Community Services Director
08/20/26	Community Member	2026-SPWB-73	8/21/2026	Service Provider	Falure to pay employee wages	1. Employees have not been paid for wages earned since August 3, 2026. 2. Previous payroll checks bounced 3. Promised payment dates were missed 4. Liberty has attributed the delays to the Regional Center releasing funds	Interviews with agency leadership. Reviewed POS, Staff files. RC accounting management working with provider	**1. Substantiated** **2. Substantiated** **3. Substantaited** **4. Substantiated w/Reason**	N/A	10/14/26	55	Arshalous Garlanian, Community Services Director
08/25/26	Community Member	2026-SPWB-77	8/25/2026	Service Provider	Inappropriate conduct	1. Owner has [alleged] history of sexual abuse and domestic violence. **Unsubstantiated**	Interviews with families/clients. Reviewed program design and contracts	**CLOSED**	N/A	08/26/26	1	Arshalous Garlanian, Community Services Director
08/25/26	Community Member	2026-SPWB-78	8/26/2026	Service Provider	Failure to provide staffing; In appropriate conduct	1. Concerns the client would not have the required staffing. - **Unsubstantiated** 2. Staff pleasuring himself while client was asleep in their room. - **Substantiated** incident reported and addressed by provider at time of report.	Interviews with WB, agency , and case management. Review IPP, Agency staff files, SIR,	**CLOSED**	N/A	09/04/26	10	Arshalous Garlanian, Community Services Director
09/03/26	Community Member	2026-SPWB-79	9/4/2026	Service Provider	Client's Rights Violation; Lack of training; Staff lacked DOJ clearance	1. Physical abuse toward residents including staff hitting residents in care. 2. Violations involving staff medication assistance without proper training. 3. Staff member working without a criminal background clearance.	Conducted site visit w/CCL; Interviewed staff; Record review;	**OPEN** **1. Substantiated** **2. Substantiated** **3. Substantaited**			41	Arshalous Garlanian, Community Services Director
09/16/26	Community Member	2026-SPWB-80	9/17/2026	Service Provider	Solicitation of Employees and Individuals; Staff not having Educational Credentials; Staffing and One-to-One Services Within Group Services;	1. Alleged Solicitation of Employees and Individuals Served 2. Concern Regarding Educational Credentials Submitted During Vendorization. 3. Staffing and One-to-One Services Within Group Services 4. Repeated Pattern of Conduct.	Reviewed POS, documents provided by grievant, participant statememts, Staffing schedules.	**OPEN**			28	Arshalous Garlanian, Community Services Director
09/16/26	Community Member	2026-SPWB-83	N/A	Service Provider	Facility is not being maintained; Residents are unkempt; Lack of day services.	1. The home's AC was not working and the temperature was 85. 2. The resident's are unable to access the backyard as there is debris. 3. Resident was not dressed appropriately. 4. There is no day programming for residents.	Conducted site visit; Interviewed staff; Reviewed POS	**OPEN** **1. Substantiated** **2. Substantiated** **3. Inconclusive** **4. Pending**			28	Arshalous Garlanian, Community Services Director
09/18/26	Community Member	2026-SPWB-84	N/A	Client/Service Provider	Neighborhood disruption	1. Client is disrupting and harassing neighborhood (setting car alarm, burning out, honking horn, speeding)	Conducted site visit, interviewed resident and provider, reviewed documentation provided by grievant.	**CLOSED** **1. Substantiated**	N/A	10/08/26	20	Arshalous Garlanian, Community Services Director
09/23/26	Community Member	2026-SPWB-81	9/24/2026	Service Provider	HIPAA Violation; Lack of professionalism	1. Contact from an alleged NLACRC Vendor and concerns as to how he received your contact information and the possibility that it was leaked from NLACR 2. Concern regarding lack of professionalism and insensitive comments during the call	Conducted interview with grievant	**OPEN**			22	Arshalous Garlanian, Community Services Director
09/25/26	Community Member	2026-SPWB-85	N/A	Service Provider	Client's Rights Violation	1. Staff verbally abuses resident	Conducted site visit, interviewed residents and staff.	**CLOSED** 1. Substantiated	10/8/2026 (Corrective Action Plan)	10/08/26	20	Arshalous Garlanian, Community Services Director
10/05/26	Community Member	2026-SPWB-82	10/5/2026	Service Provider	Failure to maintain documentation; Falsification of documenation;	1. Widespread compliance violations 2. Systematic documentation forgery 3. Severe fiscal/billing fraud		**OPEN**			10	Arshalous Garlanian, Community Services Director
10/08/26	Community Member	2026-SPWB-85	N/A	Service Provider	Impacting IPP services	1. Provider is impacting service agreement	Interviewed Grievant;	**OPEN**			7	Arshalous Garlanian, Community Services Director