

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 191600341

Report Date: 02/04/2026

Date Signed: 02/04/2026 03:49:43 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/12/2026** and conducted by Evaluator Socorro Leandro

	COMPLAINT CONTROL NUMBER: 11-AS-20260112152647
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FACILITY NAME: HUNTINGTON RETIREMENT HOTEL	FACILITY NUMBER: 191600341
ADMINISTRATOR: HEATHER ARGUETA	FACILITY TYPE: 740
ADDRESS: 20920 EARL STREET	TELEPHONE: (310) 370-5828
CITY: TORRANCE	STATE: CA
CAPACITY: 155	ZIP CODE: 90503
	CENSUS: 97
	DATE: 02/04/2026
	UNANNOUNCED TIME BEGAN: 03:00 PM
MET WITH: Resident Care Coordianotor - Corina Kahl	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff improperly transferred resident resulting in injury
2	Staff do not treat resident with dignity and respect
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INVESTIGATION FINDINGS:

1	*This report supersedes the report dated 01/14/2026. This report does not change the findings. This
2	report is meant to clarify the difference between Witness 1 (W1) and Resident 1 (R1). On 02/04/2026, the
3	updated report was provided to the Resident Care Coordianotor, Corina Kahl, and the the purpose of the
4	visit was explained.*
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6	On 01/14/2026, Licensing Program Analyst (LPA) Socorro Leandro conducted a complaint investigation
7	visit regarding the allegations listed above. LPA met with Administrator, Heather Argueta and Resident
8	Care Coordinator, Corina Kahl, and the purpose of the visit was explained. The LPA was allowed entry to
9	the facility.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Ulysses Coronel

LICENSING EVALUATOR NAME: Socorro Leandro
LICENSING EVALUATOR SIGNATURE:

DATE: 02/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/04/2026

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: HUNTINGTON RETIREMENT HOTEL

FACILITY NUMBER: 191600341

VISIT DATE: 02/04/2026

NARRATIVE

1 The investigation consisted of the following: On 01/13/2026, Witness 1 (W1) was
 2 interviewed. On 01/14/2026, interviews were conducted, and records were reviewed.
 3 Staff 1 (S1) to Staff 4 (S4), Witness 2 (W2) to Witness 3 (W3), and Resident 1 (R1)
 4 were interviewed. Facility records were reviewed which consisted of Employee
 5 Roster; Resident Roster dated 01/14/2026; 2025 In-Service Staff Trainings which
 6 consisted of Hoyer Lift Training and Gait Belt Transferring dated 01/28/2025,
 7 Resident Rights dated 11/15/2025, Gait Belt and Proper Body Mechanics Training
 8 dated 12/01/2025, Resident Rights dated 12/19/2025, and Transferring and Gait Belt
 9 Transfers dated 12/23/2025. R1's records were reviewed which consisted of
 10 Physicians Report dated 12/04/2023; Resident Appraisal dated 01/13/2026;
 11 Identification And Emergency Information dated 07/07/2024; and Service
 12 Assessment Form dated 01/13/2026.
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SUPERVISORS NAME: Ulysses Coronel

LICENSING EVALUATOR NAME: Socorro Leandro

LICENSING EVALUATOR SIGNATURE:

DATE: 02/04/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/04/2026

LIC9099 (FAS) - (06/04)

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Control Number 11-AS-20260112152647

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

COMPLAINT INVESTIGATION REPORT (Cont)

NARRATIVE

1 Investigation revealed the following:
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 3 Allegation: "Staff improperly transferred resident resulting in injury", it is being
 4 alleged that staff improperly transferred R1 resulting in their right knee being injured.
 5 Interviews conducted with R1 revealed the following: R1 denied the allegation,
 6 furthermore, R1 indicated that their right knee was not injured and their right knee
 7 does not hurt. Interviews conducted with W1 to W3 revealed the following: 3 out of 3
 8 witnesses denied the allegation. Interviews conducted with W1 revealed the
 9 following: W1 indicated that on 01/08/2026, they did not observe any injuries or
 10 bruises on R1's right knee, furthermore, W1 states that the next day a Physical
 11 Therapist tested R1's right knee and did not observe any injuries on R1's right knee.
 12 Interviews conducted with S1 to S4 revealed the following: 4 out of 4 staff denied the
 13 allegation. R1's records reviewed revealed the following: there are no Unusual
 14 Incident Reports nor Medical Records indicated that R1's right knee was injured. In-
 15 Service Staff Trainings revealed the following: staff were training on Gait Belt
 16 transfers throughout the year of 2025 for example, Gait Belt Transferring dated
 17 01/28/2025, Gait Belt and Proper Body Mechanics Training dated 12/01/2025,
 18 Transferring and Gait Belt Transfers dated 12/23/2025. Based on interviews and
 19 records reviewed this allegation is unsubstantiated. Although the allegation may
 20 have happened or is valid, there is not a preponderance of evidence to prove the
 21 alleged violation did or did not occur, therefore the allegation is unsubstantiated.
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SUPERVISORS NAME: Ulysses Coronel
LICENSING EVALUATOR NAME: Socorro Leandro
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 02/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 02/04/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
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NARRATIVE

1 Allegation: "Staff do not treat resident with dignity and respect", it is being alleged
 2 that during R1's transfer on 01/06/2026 a staff laughed at R1. Interviews conducted
 3 with R1 revealed the following: R1 agreed with the allegation, additionally, R1
 4 indicates that S4 laughed at them during the transfer and stated that Staff 3 (S3)
 5 was present during the transfer. Interviews conducted with S3 and S4 revealed the
 6 following: S3 and S4 denied the allegation, furthermore, S3 and S4 indicated that
 7 they assisted R1 with the transfer on 01/06/2026. Interviews conducted with W2
 8 revealed the following: W2 denied the allegation, furthermore, W2 indicated that they
 9 were present during R1's Service Assessment on 01/13/2026 and R1 indicated that
 10 staff did not laugh at them and that they are overall satisfied with the facility. Service
 11 Assessment Form dated 01/13/2026 revealed the following: "Resident states *they*
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14 love it here. They decline all allegations made with wellbe." People present during
15 the meeting were R1, S1, S2, W2, W3, R1's family, and Welbe Health. In-Service
16 Staff Trainings revealed the following: staff were trained on Resident Rights on
17 11/15/2025 and 12/19/2025. Based on interviews and records reviewed this
18 allegation is unsubstantiated. Although the allegation may have happened or is valid,
19 there is not a preponderance of evidence to prove the alleged violation did or did not
20 occur, therefore the allegation is unsubstantiated.
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23 No deficiencies were provided.
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26 An exit interview was conducted, and a copy of this report was left with the
27 Administrator, Heather Argueta and Resident Care Coordinator, Corina Kahl.
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SUPERVISORS NAME: Ulysses Coronel
LICENSING EVALUATOR NAME: Socorro Leandro
LICENSING EVALUATOR SIGNATURE:

DATE: 02/04/2026

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DATE: 02/04/2026