

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 191800001
Report Date: 08/08/2024
Date Signed: 08/08/2024 09:57:28 AM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 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 **08/02/2024** and conducted by Evaluator Kimberly Ramirez

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20240802132026
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FACILITY NAME: HOLLENBECK PALMS	FACILITY NUMBER: 191800001
ADMINISTRATOR: DIANA MEDINA	FACILITY TYPE: 741
ADDRESS: 573 S. BOYLE AVE	TELEPHONE: (323) 263-6195
CITY: LOS ANGELES	STATE: CA ZIP CODE: 90033
CAPACITY: 185	CENSUS: 168 DATE: 08/08/2024
MET WITH: Administrator Diana Medina	UNANNOUNCED TIME BEGAN: 08:35 AM
	TIME COMPLETED: 10:00 AM

ALLEGATION(S):

1	Staff financially abused resident.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Ramirez conducted an unannounced initial complaint
2	investigation visit on 08/08/2024 regarding the above allegation. LPA Ramirez was greeted by
3	Administrator Diana Medina and explained the purpose of the visit.
4	
5	The investigation consisted of the following: LPA Ramirez requested and obtained copies of
6	Resident/Client Roster, Staff#1 interview (S1), Resident#1 (R1) Admission Agreement, Resident
7	Assessment Report, Emergency Notification Form, Physician Report, and physical plant tour.
8	The investigation revealed the following. Regarding Allegation: Staff financially abused resident- It is
9	alleged R1 withdrew large amounts of money from R1's 401k account and gave it to the facility.
10	
11	SEE 9099-C for continued narrative.
12	
13	

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Tony Vasallo
NAME OF LICENSING PROGRAM ANALYST: Kimberly Ramirez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/08/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/08/2024

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 28-AS-20240802132026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
GREATER LA AC/SC, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: HOLLENBECK PALMS

FACILITY NUMBER: 191800001

VISIT DATE: 08/08/2024

NARRATIVE

1 The facility is licensed as a Residential Care Facility for the Elderly/Continuing Care Retirement
2 Community. Upon record review, it was revealed R1 resides in the facility independent living
3 accommodation and has an Admissions agreement to corroborate R1 does not receive care and
4 supervision from the facility. Per Health and Safety Code section 1569.80 (e)- If the residential care
5 facility for the elderly is a continuing care retirement community, as defined in paragraph (10) of
6 subdivision (c) of Section 1771, this section shall apply only to residents who require care and
7 supervision, as defined in subdivision (b) of Section 1569.2."
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9 Based on the records reviewed and interview conducted, we have found that the complaint was
10 UNFOUNDED, meaning that the allegation was false, could not have happened and/or is without
11 reasonable basis. We have therefore dismissed the complaint.
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NAME OF LICENSING PROGRAM MANAGER: Tony Vasallo
NAME OF LICENSING PROGRAM ANALYST: Kimberly Ramirez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/08/2024

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/08/2024

LIC9099 (FAS) - (06/04)

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