

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 191800001
Report Date: 04/27/2026
Date Signed: 04/27/2026 05:35:50 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 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 04/22/2026 and conducted by Evaluator Luis DeLeon

PUBLIC		COMPLAINT CONTROL NUMBER: 28-AS-20260422162227	
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: 151	DATE:	04/27/2026
MET WITH: CEO Erika Castile		UNANNOUNCED TIME BEGAN:	11:30 AM
		TIME COMPLETED:	05:45 PM

ALLEGATION(S):

1	Staff does not provide and safe and healthful environment for resident in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPA) Luis De Leon conducted an initial unannounced complaint investigation visit for the allegation listed above. LPA met with the CEO Erika Castile and explained the reason for the visit.
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4	The investigation consisted of the following: On today's visit, LPA De Leon toured the physical plant with Coordinator Stephanie Prado and obtained the current resident and staff roster. In addition, LPA obtain
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7	LPA Luis De Leon toured the physical plant with assistance of S2. LPA's obtained the current client and staff roster, and R1s Admission Agreement, Physician's Report, Needs and Service Plan, Preplacement
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10	Appraisal Information, and Staff Training.
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13	Report continues on page LIC-9099C...

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Fernando Fierros	
LICENSING EVALUATOR NAME: Luis DeLeon	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/27/2026

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 2
Control Number 28-AS-20260422162227

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: HOLLENBECK PALMS	FACILITY NUMBER: 191800001
	VISIT DATE: 04/27/2026

NARRATIVE	
1	Regarding allegation: Staff does not provide and safe and healthful environment for resident in care.
2	It is alleged that the facility does not provide a safe and healthful environment for residents in care. The
3	investigation reveals the following: Interview with six (6) out of seven (7) residents denied the above
4	allegation. All six (6) residents stated that they feel safe and taken care at the community. Residents
5	stated that staff is attentive to their needs and provide assistance with activities, appointments, and
6	activities of daily living (ADL). Residents are not aware of any incidents where residents have been
7	disrespectful to other residents, including roommates. R1 described incident with roommate being loud
8	when speaking and described it as screaming. LPA interview with R2 revealed that R2 is hard of hearing
9	and speak at a higher tone of voice. Interview with staff revealed that seven (7) out of seven (7) staff
10	were not aware of above allegation. Staff were not aware of any incident with residents being
11	disrespectful with each other or their roommates. Staff stated that most residents may raise their voices
12	to staff when assisting with morning activities like showering, dressing, or assistance with ADLs. Staff
13	stated that Staff is not aware of any resident screaming to other residents. LPA reviewed facility training
14	and observed staff training on personal rights, identify behavior changes, and Dementia training. LPA
15	observed residents involved in group activities and did not observe any issues among residents'
16	interaction. All residents were engaged and participating with staff group activity. LPA observed enough
17	staff supervising residents in care. Based upon the investigation, resident, and staff interviews,
18	document review, and LPA observations, the facility is proving a safe and healthy environment for
19	residents in care.
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21	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
22	prove the alleged violation(s) did or did not occur, therefore the allegation is UNSUBSTANTIATED .
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24	Exit interview held with CEO Erika Castile. A copy of the report was provided.
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SUPERVISORS NAME: Fernando Fierros	
LICENSING EVALUATOR NAME: Luis DeLeon	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/27/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/27/2026