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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 191800633
Report Date: 07/09/2026
Date Signed: 07/09/2026 02:53:28 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/08/2026** and conducted by Evaluator Bernadette Allen

	COMPLAINT CONTROL NUMBER: 11-AS-20260608104233

FACILITY NAME:	ST JOHN OF GOD RESIDENCE			**FACILITY NUMBER:**	191800633
ADMINISTRATOR:	MARY ARJENE AGUIRRE			**FACILITY TYPE:**	740
ADDRESS:	2468 SO. ST. ANDREWS PLACE			**TELEPHONE:**	(323) 731-0641
CITY:	LOS ANGELES	**STATE:** CA		**ZIP CODE:**	90018
CAPACITY:	40; 40	**CENSUS:** 134		**DATE:**	07/09/2026
		UNANNOUNCED		**TIME BEGAN:**	02:05 PM
MET WITH:	Mary Aguirre-Administrator			**TIME COMPLETED:**	03:15 PM

ALLEGATION(S):

1	Due to lack of supervision, residents physically assault other residents
2	Staff threatened authorized representative of eviction
3	Staff did not do a proper reassessment of resident
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5	
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INVESTIGATION FINDINGS:

1	On 7/9/2026 at 2:35 PM, Licensing Program Analyst (LPA) Bernadette Allen conducted an unannounced
2	visit to deliver findings for the above allegations. LPA identified herself and met with Administrator Mary
3	Aguirre, who was informed of the purpose of the visit.
4	
5	On June 11, 2026, at 3:55 PM, the Department requested the staff and client roster for the Assisted
6	Living buildings dated June 10, 2026. Ms. Aguirre was informed that, due to time constraints, the
7	Department would need to return to complete additional interviews and review supplemental records.
8	
9	The investigation consisted of the following:
10	
11	Allegation 1: Due to a lack of supervision, residents physically assault other residents.
12	Allegation 2: Staff threatened an authorized representative with eviction.
13	Allegation 3: Staff did not complete a proper reassessment of a resident.

Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Bernadette Allen
LICENSING EVALUATOR SIGNATURE:
DATE: 07/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/09/2026

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

Control Number 11-AS-20260608104233

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ST JOHN OF GOD RESIDENCE **FACILITY NUMBER:** 191800633
VISIT DATE: 07/09/2026

NARRATIVE

The investigation revealed the following:

As part of the investigation, on June 12, 2026, at 11:00 AM, the Department contacted Maryy Aguirre and requested the client roster for the Retirement & Care Center–SNF. Upon review of both the Assisted Living roster dated June 10, 2026, and the Retirement & Care Center–SNF roster, the Department determined that R1 is not, and was not, a resident of the Assisted Living Community. Mary Aguirre was also interviewed and she stated R1 is not a resident of the Assisted Living Community.

The SNF roster confirmed that R1 is a resident of the Retirement & Care Center–SNF, which is not licensed by the CCLD Adult and Senior Care Division.

Because R1 is not a resident of the Assisted Living facility where the allegations were reported to have occurred, the alleged incidents could not have taken place at this location.

Based on the evidence reviewed and interviews conducted, the above allegations are determined to be Unfounded, meaning the allegations are false, could not have happened, and/or are without a reasonable basis. The complaint is therefore dismissed.

An exit interview was conducted with Administrator Mary Aguirre and a copy of this report, along with appeal rights, was provided at the conclusion of the visit.

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Bernadette Allen
LICENSING EVALUATOR SIGNATURE:
DATE: 07/09/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/09/2026