

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197602106
Report Date: 09/24/2025
Date Signed: 09/24/2025 11:12:51 AM

Unfounded

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/16/2025** and conducted by Evaluator Elvira Gonzalez

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20250916105842
---------------	-------------------------------------------------------

FACILITY NAME: PINNACLES AT BURTON, THE	FACILITY NUMBER: 197602106
ADMINISTRATOR: CHANEL ANN SANCHEZ	FACILITY TYPE: 740
ADDRESS: 8750 BURTON WAY	TELEPHONE: (310) 278-9720
CITY: LOS ANGELES	STATE: CA ZIP CODE: 90048
CAPACITY: 200	CENSUS: 79 DATE: 09/24/2025
MET WITH: Robin Culver	UNANNOUNCED TIME BEGAN: 10:20 AM
	TIME COMPLETED: 11:20 AM

ALLEGATION(S):

1	Residents sustained unexplained injuries.
2	Staff did not prevent resident from injuring another resident.
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 09/24/25, Licensing Program Analyst (LPA) Elvira Gonzalez conducted an unannounced complaint
2	visit to investigate the allegations listed above. LPA met with the Robin Culver, Executive Director, and
3	explained the purpose of the visit. LPA was granted access to the facility.
4	
5	The investigation consisted of the following: LPA Gonzalez requested and reviewed the staff roster, and
6	resident roster. LPA observed that residents #1-#3 (R1-R3) were not listed on the roster and their service
7	files are not in this facility. An interview conducted with staff #1 (S1) Robin Culver who informed LPA that
8	R1-R3 are not residents at this facility. Based on the information gathered, this alleged violation is
9	determined to be unfounded.
10	
11	An exit interview was conducted and a copy of the report was provided to Robin Culver.
12	
13	

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes

NAME OF LICENSING PROGRAM ANALYST: Elvira Gonzalez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/24/2025

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