

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197602106
Report Date: 11/16/2025
Date Signed: 11/18/2025 10:01:09 PM

Substantiated

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 **10/10/2025** and conducted by Evaluator Ernard Dabuet

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20251010143113
---------------	---

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	ZIP CODE: 90048
CAPACITY: 200	DATE: 11/16/2025
MET WITH: Robin Culver	UNANNOUNCED TIME BEGAN: 10:03 AM
	TIME COMPLETED: 12:45 PM

ALLEGATION(S):

1	Staff did not present the resident's advance directive form to the responding emergency medical
2	personnel.
3	Staff did not follow resident's hospice care plan.
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On November 16, 2025, the California Department of Social Services/Community Care Licensing
2	(CDSS/CCL) Licensing Program Analyst (LPA) Ernard Dabuet conducted an initial unannounced
3	complaint visit. Robin Culver, Executive Director greeted the LPA. (LPA) explained that the purpose of
4	the visit is to investigate the allegations mentioned above.
5	
6	The investigation included a collection of records, and a tour of the facility. The Department reviewed
7	several documents, including the Facility Resident Roster (dated 11/06/25 & 10/09/25), Personnel Report
8	(dated 10/07/25), and (R1's) Physicians Report LIC 602A (dated 02/04/25), Service Plan (dated
9	02/05/25), Resident Assessment (dated 06/29/25), Physician Orders for Life Sustaining Treatment (dated
10	02/05/25), Cedars Sinai Medical Records (dated 10/10/25) and Comfort Hospice Care Records and other
11	records pertinent to this complaint. Interviews conducted with Staff #1-#3 (S1-S3), Residents #1-#7 (R1-
12	R7), and Witness #1 (W1).
13	(Evaluation Report continues LIC 9099-C)

Substantiated	Estimated Days of Completion:
----------------------	--------------------------------------

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE:

DATE: 11/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/16/2025

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 8

Control Number 11-AS-20251010143113

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: PINNACLES AT BURTON, THE

FACILITY NUMBER: 197602106

VISIT DATE: 11/16/2025

NARRATIVE

1 **INVESTIGATION REVEALED THE FOLLOWING:**

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

Allegation #1: Staff did not present the residents' advance directive form to the responding emergency medical personnel.

The complaint alleges that the staff failed to provide Resident #1's (R1) directive form to the emergency medical personnel. Reports indicate that (R1) experienced chest pains on October 6, 2025, and was transported to Cedar Sinai by Emergency Medical Technicians (EMT) without a Physician's Orders for Life-Sustaining Treatment (POLST) form. As a result, because no (POLST) form to indicate "Do Not Resuscitate," (R1) underwent repeated cardiac diagnostic testing over several days.

On November 6, 2025, between 09:30 AM and 11:15 AM, the Department interviewed staff members identified as Staff #1 through Staff #3. Three (3) out of the three (3) staff members were able to validate Resident #1 (R1) was transported to Cedar Sinai without a (POLST) or an Advance Directive form was provided to the (EMT). (S1) admitted to having failed to provide a (POLST) form when presented with a copy. (S1) explained that the documents given to the (EMT) included only a Face Sheet Emergency Information and a Verification of Medication Order form, which only listed medications (dated 07/08/24). (S1) understood that it was an unintentional mistake, given the urgency of the situation. In that moment, (S1) genuinely believed that (R1) was experiencing cardiac arrest and felt it was crucial to get (R1) the immediate medical attention needed.

On November 6, 2025, between 11:16 AM and 11:31 AM, the Department interviewed resident member identified as Resident #1 (R1). (R1) confirmed that (R1) left the facility and was transported by (EMT) to the hospital. However, (R1) does not remember the details of that incident. (R1) recalled experiencing deep, sharp chest pains, and (S1) took the necessary steps to ensure immediate medical attention was provided.

On November 6, 2025, between 11:32 AM and 01:30 PM, the Department interviewed resident members identified as Resident #2 through Resident #7 (R2-R7). Six (6) out of six (6) resident members cannot support this claim. All residents reported being hospitalized, and hospital staff received the necessary documentation to treat them properly.

A review of (R1's) Face Sheet and Emergency Info (dated 10/07/25 and 10/16/25), Service Plan (dated 02/05/25 and 06/29/25), Resident Assessment (dated 06/29 25), Physician's Report LIC 624A (dated 02/24/25), and Unusual Incident Report LIC 624 (dated 10/07/25).

(Evaluation Report continues LIC 9099-C)

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE:

DATE: 11/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/16/2025

Control Number 11-AS-20251010143113

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

FACILITY NAME: PINNACLES AT BURTON, THE

FACILITY NUMBER: 197602106

VISIT DATE: 11/16/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Further review of the Physician Orders for Life-sustaining Treatment (POLST) (dated 02/05/25) indicate in section A Cardiopulmonary Resuscitation (CPR) box was checked off - Do Not Attempt Resuscitation/DNR (allow Natural Death) was selected.</p> <p>Based on the information gathered, there is enough evidence to support the allegation mentioned above.</p> <p>Allegation #2: Staff did not follow resident's hospice care plan.</p> <p>The complaint alleges that the staff failed to follow Resident # 1's (R1) hospice care plan. Reports claims that (R1) Resident is enrolled in hospice and that hospice protocol requires that hospice be notified as a part of the decision to seek medical intervention. Further reports stated that facility staff contacted hospice after the resident was transported to Cedars Sinai Hospital on October 6, 2025.</p> <p>On November 6, 2025, between 09:30 AM and 11:15 AM, the Department interviewed staff members identified as Staff #1 through Staff #3. Three (3) of the three (3) staff members confirmed that Resident #1 (R1) was transported to Cedar Sinai Hospital. Comfort Hospice Care was contacted after the fact, once (R1) was already being transported by Emergency Medical Technician services (EMT). Staff member (S1) was responsible for the emergency incident involving (R1), who was claimed to have failed to adhere to hospice care protocols by not contacting Comfort Hospice Care before calling 9-1-1. (S1) believed (R1) was in cardiac arrest and felt it was vital to get immediate medical help, unintentionally bypassing hospice protocols.</p> <p>On November 6, 2025, between 11:16 AM and 11:31 AM, the Department interviewed resident member identified as Resident #1 (R1). (R1) confirmed to be receiving hospice care when hospitalized. Unfortunately, (R1) does not have any recollection of the events from that day. (R1's) hospitalization was due to severe chest pains, and (R1) can only remember the intensity of the discomfort (R1) experienced. (S1) was there to ensure that (R1) received immediate medical attention during this difficult time.</p> <p>On November 6, 2025, between 11:32 AM and 01:30 PM, the Department interviewed resident members identified as Resident #2 through Resident #7 (R2-R7). Six (6) out of six (6) resident members cannot support this claim. All residents had no issues or concerns about this matter, as the staff followed their care plans accordingly.</p> <p>On November 14, 2025, between 04:30 PM and 04:47 PM, the Department interviewed staff member of Comfort Hospice Care identified as Witness #1 (W1). (W1) confirmed that the facility staff failed to adhere to the care plan.</p> <p>(Evaluation Report continues LIC 9099-C)</p>

SUPERVISORS NAME: Janae Hammond	
LICENSING EVALUATOR NAME: Ernand Dabuet	
LICENSING EVALUATOR SIGNATURE:	DATE: 11/16/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/16/2025

Control Number 11-AS-20251010143113

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

FACILITY NAME: PINNACLES AT BURTON, THE

FACILITY NUMBER: 197602106

NARRATIVE

1 The facility is instructed to contact the hospice agency first, rather than calling 9-1-1, in the event of a
 2 medical emergency or death. According to (W1), Comfort Hospice Care was notified only after (R1) was
 3 already admitted to the Emergency Department.
 4
 5 A review of (R1's) Face Sheet and Emergency Info (dated 10/07/25 and 10/16/25), Service Plan (dated
 6 02/05/25 and 06/29/25), Resident Assessment (dated 06/29 25), Physician's Report LIC 624A (dated
 7 002/24/25), and Unusual Incident Report LIC 624 (dated 10/07/25). Further review of Comfort Hospice
 8 Plan of Care (dated 03/2024) revealed that hospice service "may require procedures performed in a
 9 hospital outpatient setting, and that Comfort Hospice Care will arrange for these services as needed, as
 10 indicated on the plan of care".
 11
 12 Based on the information gathered, there is enough evidence to support the allegation mentioned
 13 above.
 14
 15 Based on the evidence gathered, interviews conducted, and records reviewed, the preponderance of
 16 evidence standard has been met; therefore, the above-mentioned allegations are found to be
 17 **SUBSTANTIATED**.
 18
 19 An exit interview was conducted with Robin Culver, and copies of the reports were provided.
 20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE:

DATE: 11/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/16/2025

LIC9099 (FAS) - (06/04)

Page: 4 of 8

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 **10/10/2025** and conducted by Evaluator Ernand Dabuet

PUBLIC

COMPLAINT CONTROL NUMBER: 11-AS-
20251010143113

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: 11/16/2025

MET WITH: Robin Culver

UNANNOUNCED TIME BEGAN:

10:03 AM

TIME

COMPLETED:

12:45 PM

ALLEGATION(S):

1 Staff mismanaged resident's medication.
 2 Staff did not properly report the resident's incident to the resident's authorized representative.
 3

4
5
6
7
8
9

INVESTIGATION FINDINGS:

1 On November 16, 2025, the California Department of Social Services/Community Care Licensing
 2 (CDSS/CCL) Licensing Program Analyst (LPA) Ernand Dabuet conducted an initial unannounced
 3 complaint visit. Robin Culver, Executive Director greeted the LPA. (LPA) explained that the purpose of
 4 the visit is to investigate the allegations mentioned above.
 5
 6 The investigation included a collection of records, and a tour of the facility. The Department reviewed
 7 several documents, including the Facility Resident Roster (dated 11/06/25 & 10/09/25), Personnel Report
 8 (dated 10/07/25), and (R1's) Physicians Report LIC 602A (dated 02/04/25), Service Plan (dated
 9 02/05/25), Resident Assessment (dated 06/29/25), Physician Orders for Life Sustaining Treatment (dated
 10 02/05/25), Cedars Sinai Medical Records (dated 10/10/25) and Comfort Hospice Care Records and other
 11 records pertinent to this complaint. Interviews conducted with Staff #1-#3 (S1-S3), Residents #1-#7 (R1-
 12 R7), and Witness #1 (W1).
 13 (Evaluation Report continues LIC 9099-C)

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 11/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 11/16/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 5 of 8
Control Number 11-AS-20251010143113

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

FACILITY NAME: PINNACLES AT BURTON, THE **FACILITY NUMBER:** 197602106
VISIT DATE: 11/16/2025

NARRATIVE

1 **INVESTIGATION REVEALED THE FOLLOWING:**
 2
 3 **Allegation #3: Staff mismanaged resident's medication.**
 4 **Allegation#4: Staff did not properly report the resident's incident to the resident's authorized**
 5 **representative.**
 6
 7 The complaint alleges that staff mishandled Resident #1's (R1) medication and failed to inform (R1's)
 8 authorized representative about an incident involving (R1). Reports indicate that staff administered
 9 "Nitroglycerin", prescribed by (R1's) cardiologist, before (R1's) hospice designation. Incident report show
 10 (R1's) initial vital signs recorded a blood pressure of 95/55, but this was omitted from the initial incident
 11 report; only the readings taken after administering "Nitroglycerin" were noted. After receiving
 12 "Nitroglycerin" twice, (R1's) blood pressure dropped to 78/53, resulting in a hypertensive condition, and
 13 (R1) was sent to the hospital.
 14
 15 On November 6, 2025, between 09:30 AM and 11:15 AM, the Department interviewed staff members
 16 identified as Staff #1 through Staff #3. Three (3) of the three (3) staff members disputed both allegations.
 17 They confirmed that Resident #1 (R1) experienced chest pains that felt like stabbing sensations in the
 18 chest and radiated around the neck at a pain level of 10 out of 10. (R1) was given "Nitroglycerin" as a
 19 PRN medication prescribed by (R1's) primary physician from Comfort Hospice Care. The staff also
 20 stated that the information provided in the incident report to (R1's) authorized representative was
 21 accurate. (S1) indicated that they followed (R1's) medication plan by administering "Nitroglycerin" in an
 22 emergency setting to relieve chest pain and improve circulation. (S1) reported that when "Nitroglycerin"
 23 was given, (R1's) blood pressure was measured, with the systolic blood pressure (SBP) exceeding 90
 24
 25

26 mmHg. (S1) stated that the incident report submitted to the authorized representative and Community
27 Licensing is accurate, and that no amendments have been made to the reports.
28
29 On November 6, 2025, between 11:16 AM and 11:31 AM, the Department interviewed resident member
30 identified as Resident #1 (R1). (R1) reported experiencing chest pains that radiated in (R1's) back and
31 neck. Although (R1) does not remember much about the incident, (R1) recalls being assisted by (S1),
32 who provided pain medication that did not ease (R1's) symptoms. Despite that, (R1) was grateful that
(S1) was there to take urgent measures and get medical assistance.

(Evaluation Report continues LIC 9099-C)

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE: _____
DATE: 11/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 11/16/2025

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

FACILITY NAME: PINNACLES AT BURTON, THE **FACILITY NUMBER:** 197602106
VISIT DATE: 11/16/2025

NARRATIVE

1 On November 6, 2025, between 11:32 AM and 01:30 PM, the Department interviewed resident
2 members identified as Resident #2 through Resident #7 (R2-R7). Six (6) out of six (6) resident members
3 cannot validate these claims. (R2-R7) stated medications have been handled appropriately, and there
4 have been no reports of incorrect or unreported medication to their authorized representatives.
5
6 On November 14, 2025, between 04:30 PM and 04:47 PM, the Department interviewed staff member of
7 Comfort Hospice Care identified as Witness #1 (W1). According to (W1), Nitroglycerin is included in
8 (R1's) prescribed medications. Comfort Hospice Care prescribes it as needed (PRN), starting July 8,
9 2024, for use at the first sign of an attack. It can be repeated every 5 minutes up to 3 times in 24 hours,
10 with a maximum of 3 tablets per dose. (W1) indicated that (S1) took the appropriate actions by
11 administering Nitroglycerin to (R1), who was experiencing chest pain attacks, on October 6, 2025.
12
13 A review of (R1's) Face Sheet and Emergency Info (dated 10/07/25 and 10/16/25), Service Plan (dated
14 02/05/25 and 06/29/25), Resident Assessment (dated 06/29/25), Physician's Report LIC 624A (dated
15 02/24/25), and Unusual Incident Report LIC 624 (dated 10/07/25). Further review of Comfort Hospice
16 Plan of Care (dated 03/2024), Cedars Sinai Medical Records (dated 10/10/25), End of Shift Report
17 (dated 10/06/25 – 10/14/25) and Physician Orders for Life-Sustaining Treatment (POLST) (dated
18 02/05/25). Further review of Medication Administration Record (dated 10/1/25 -10/31/25) verified that
19 Nitroglycerin is prescribed by Comfort Hospice Care.
20
21 Based on the information gathered, there is not enough evidence to support the allegations mentioned
22 above.
23
24 Based on the information collected from the facility inspection, observations, interviews, and records
25 analysis, the Department found no evidence to support the above allegations. The allegations may have
26 happened or are valid, but there is not a preponderance of the evidence to prove that the alleged
27 violations occurred. Therefore, the allegations are **Unsubstantiated**.
28
29
30
31
32 An exit interview was conducted with Robin Culver, and copies of the reports were provided.

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE: _____
DATE: 11/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/16/2025

LIC9099 (FAS) - (06/04)

Page: 7 of 8

Control Number 11-AS-20251010143113

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: PINNACLES AT BURTON, THE

FACILITY NUMBER: 197602106

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/16/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/30/2025 Section Cited CCR 87469(c)(1)	1 87469 Advanced Directives and 2 Requests Regarding Resuscitative 3 Measures (c) If a resident who has an 4 advance directive and/or request 5 regarding resuscitative measures form 6 on file experiences a medical 7 emergency, facility staff shall do one of the following: (1) Immediately telephone 9-1-1, present the advance directive and/or request regarding resuscitative measures form to the responding emergency medical personnel and identify the resident as the person to whom the order refers.	1 Licensee will ensure to review Title 22 2 Reg 87469 and submit in writing that 3 it's been review and will comply. 4 Licensee will conduct hospice staff 5 training and submit completed sign in 6 sheet of attendees by POC 11/30/25 to 7 ernand.dabuet@dss.ca.gov
	8 This requirement is not met as 9 evidenced by: 10 Based on interviews and record 11 reviews, the licensee failed to provide 12 (R1's) Advanced Directives/POLST to 13 EMT on 10/06/25 which lead to 14 hospitalization. This violation poses a potential health, safety, or personal rights risk to residents in care.	
Type B 11/30/2025 Section Cited CCR 87633(d)	1 87633 Hospice Care of Terminally Ill 2 Residents (d) The licensee shall ensure 3 that the hospice care plan is current, 4 accurately matches the services 5 actually being provided, and that the 6 client's care needs are being met at all 7 times.	1 Licensee will ensure to review Title 22 2 Reg 87633 and submit in writing that 3 it's been review and will comply. 4 Licensee will conduct hospice staff 5 training and submit completed sign in 6 sheet of attendees by POC 11/30/25 to 7 ernand.dabuet@dss.ca.gov
	8 This requirement is not met as 9 evidenced by: 10 Based on interviews and record 11 reviews, the licensee failed to follow the 12 hospice care plan, as required, by not 13 contacting hospice first during an 14 emergency on 10/06/25 and instead calling 9-1-1, resulting in R1's hospitalization. This violation poses a potential health, safety, or personal rights risk to residents in care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Janae Hammond

LICENSING EVALUATOR NAME: Ernand Dabuet

LICENSING EVALUATOR SIGNATURE:

DATE: 11/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/16/2025