

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 197602434  
Report Date: 04/07/2023  
Date Signed: 04/07/2023 03:46:35 PM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/01/2022** and conducted by Evaluator Elsie Campos

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20220601142537</b>
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<b>FACILITY NAME:</b> GARDENS AT PARK BALBOA, THE	<b>FACILITY NUMBER:</b> 197602434
<b>ADMINISTRATOR:</b> DION D GALLARZA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 7046 KESTER AVENUE	<b>TELEPHONE:</b> (818) 787-0462
<b>CITY:</b> VAN NUYS	<b>STATE:</b> CA
<b>CAPACITY:</b> 120	<b>ZIP CODE:</b> 91405
	<b>CENSUS:</b> 100
	<b>DATE:</b> 04/07/2023
	<b>UNANNOUNCED TIME BEGAN:</b> 03:15 PM
<b>MET WITH:</b> Buisness Office Manager Katia Arriaga	<b>TIME COMPLETED:</b> 04:00 PM

### ALLEGATION(S):

1	Staff handled resident in a rough manner resulting in injury
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Elsie Campos arrived unannounced for a subsequent complaint visit to
2	deliver the findings on the above allegation. The LPA met with Buisness Office Manager Katia Arriaga
3	and explained the reason for the visit.
4	
5	On 6/6/2022, LPA Salia Walker conducted a physical plant tour with Administrator Dion Gallarza at 9:58
6	a.m. From 10:07 a.m. until 10:20 a.m., the LPA conducted an interview with facility staff. From 10:22 a.m.
7	until 10:25 a.m., the LPA conducted an interview with the complainant. On 2/15/2023 LPA Campos spoke
8	with Administrator Dion Gallarza, collected documents and reviewed police report at 11:00 a.m.,
9	conducted interviews with facility staff at 2:20 p.m. and 3:30 p.m.
10	
11	**Continued on LIC 9099-C**
12	
13	

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Jeralyn Ann Pfannenstiel

**NAME OF LICENSING PROGRAM ANALYST:** Elsie Campos

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/07/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/07/2023

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** 29-AS-20220601142537

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 21731 VENTURA BLVD.  
#250  
WOODLAND HILLS, CA 91364

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** GARDENS AT PARK BALBOA, THE

**FACILITY NUMBER:** 197602434

**VISIT DATE:** 04/07/2023

### NARRATIVE

1 Regarding the allegation: Staff handled resident in rough manner resulting in injury.  
2  
3 Concerns were that a facility staff handled a resident in a rough manner resulting in injury. It was alleged  
4 that resident #1 (R1) was pushed to the ground by staff #1 (S1). Witness to the incident, Staff #2 (S2),  
5 indicated that as they were approaching R1's room and they could hear that R1 and S1 were arguing.  
6 S2 observed that S1 was blocking R1 from exiting their room as R1 was allegedly trying to leave their  
7 room to look for their family member. R1's family member was not present in the facility; this urge was  
8 generated by R1's dementia. The resident became agitated and reportedly pushed S1 and then S1  
9 became agitated with R1 and subsequently pushed them, resulting in R1 falling to the ground. As a  
10 result of the fall, R1 sustained a minor cut above the corner of their left eye.  
11  
12 R1 has dementia, refused to be interviewed by LPA Walker and had no memory of the incident based on  
13 other interviews. Interviews revealed that Staff #3 (S3) arrived to help S2 after S1 had pushed R1,  
14 resulting in a fall. S3 stayed with R1 until paramedics arrived while S2 went to get the in touch with the  
15 Administrator.  
16  
17  
18  
19  
20 The Administrator contacted the police on the day of the incident, the police report indicated that R1 was  
21 upset due to a Dementia episode and pushed S1. S1 became upset and grabbed R1's right arm and  
22 pushed R1 to the ground causing their head to bleed. Paramedics arrived and administered First Aid to  
23 R1 at the facility. The paramedics cleared R1 to remain at the facility as per R1's request.  
24  
25 Interviews with S2 confirmed that S1 had pushed R1 to the ground. S2 stated that when they asked S1  
26 'why did you do that?', S1 denied that they knew what happened. The LPA's interview with S1 did not  
27 confirm or deny the above allegation as they stated that they did not recall the incident. The  
28 Administrator conducted an investigation into the incident and indicated that S1 had recognized that R1  
29 had fallen but claimed their mind had gone blank and did not provide further explanation to the  
30 administrator. The administrator further explained that S1 did not defend themselves against the  
31 allegation or say it was an accident and only continued to claim that their mind went blank.  
32  
\*\*Continued on LIC 9099-C\*\*

**NAME OF LICENSING PROGRAM MANAGER:** Jeralyn Ann Pfannenstiel

**NAME OF LICENSING PROGRAM ANALYST:** Elsie Campos

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/07/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/07/2023

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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**FACILITY NAME:** GARDENS AT PARK BALBOA, THE **FACILITY NUMBER:** 197602434  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 04/07/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/11/2023 <b>Section Cited</b> HSC 1569.269	1 1569.269 Enumerated rights; 2 severability (a)(10) Residents of 3 residential care facilities for the elderly 4 shall have all of the following rights: To 5 be free from ... verbal, mental, physical, 6 or sexual abuse.This requirement is not 7 met as evidenced by:	1 The administrator agreed to the 2 following: 3 To provide a scheduled date for staff in- 4 service regarding regulation 5 1569.269(a)(10) to CCL by 4/11/23. 6 Administrator will provide 7 documentation of staff in-service to CCL by 4/21/23.
	8 Based on interviews, the licensee did 9 not comply with the section cited above 10 as the resident was handled roughly by 11 staff resulting in an injury which poses 12 an immediate health, safety and 13 personal rights risk to persons in care. 14	

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

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Jeralyn Ann Pfannenstiel <b>NAME OF LICENSING PROGRAM ANALYST:</b> Elsie Campos <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> <span style="float:right"><b>DATE:</b> 04/07/2023</span>	
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 04/07/2023

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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**FACILITY NAME:** GARDENS AT PARK BALBOA, THE **FACILITY NUMBER:** 197602434  
**VISIT DATE:** 04/07/2023

NARRATIVE	
1	The administrators interview with S2 explains that S2 confirmed that they saw S1 shove R1. The
2	Administrator interviewed R1; however, R1 was unable to recall the incident as they were diagnosed

3 with Dementia. The LPA's interview with the Administrator Dion Gallarza confirmed that S1 was sent  
4 home, suspended, pending an investigation, and ultimately terminated from their position with the belief  
5 that they did violate company policy 4.2 Standards of Conduct and 8.4 Policy against workplace  
6 violence by pushing R1 back after being pushed by R1, which resulted in R1 sustaining a fall.  
7

8 Based on the information obtained during the course of the investigation and interview conducted, it was  
9 confirmed that staff #1 (S1) did handle the resident roughly which resulted in an injury. Therefore, the  
10 allegation is deemed **Substantiated** at this time.  
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12 Pursuant to Title 22 Division 6 Chapter 8 of the CA Code of Regulations, the following deficiency was  
13 cited (refer to LIC 9099-D):  
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**NAME OF LICENSING PROGRAM MANAGER:** Jeralyn Ann Pfannenstiel

**NAME OF LICENSING PROGRAM ANALYST:** Elsie Campos

**LICENSING PROGRAM ANALYST SIGNATURE:**

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