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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197603601
Report Date: 07/22/2026
Date Signed: 07/22/2026 05:33:36 PM

Unsubstantiated

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 **07/15/2026** and conducted by Evaluator Ernand Dabuet

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260715204314

FACILITY NAME:	BEVERLY HILLS LOVING CARE			**FACILITY NUMBER:**	197603601
ADMINISTRATOR:	LIDA ZARAFSHAN			**FACILITY TYPE:**	740
ADDRESS:	1019 S. WOOSTER STREET			**TELEPHONE:**	(310) 652-3555
CITY:	LOS ANGELES	**STATE:** CA		**ZIP CODE:**	90035
CAPACITY:	176	**CENSUS:** 94		**DATE:**	07/22/2026
		UNANNOUNCED		**TIME BEGAN:**	09:38 AM
MET WITH:	Lida Zarafshan			**TIME COMPLETED:**	03:19 PM

ALLEGATION(S):

1	Staff do not ensure residents' medication records are up to date.
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INVESTIGATION FINDINGS:

1	On July 22, 2026, the California Department of Social Services/Community Care Licensing (CDSS/CCL)
2	Licensing Program Analyst (LPA) Ernand Dabuet conducted an initial unannounced complaint visit. LIDA
3	ZARFSHAN the Administrator, greeted the LPA and explained that the purpose of the visit was to
4	investigate the allegation mentioned above.
5	
6	The investigation involved collecting documents and inspecting the facility. A review was conducted of the
7	Personnel Report LIC 500 (dated July 22, 2026), the Facility Resident Roster (dated July 08, 2026).
8	Physician Orders (dated 07/08/26 – 08/06/26), MARs (dated 07/08/26 – 08/06/26), and Centrally Stored
9	Medication logs and other pertinent records associated with this complaint. Interviews with Resident #1-
10	#9 and Staff #1 - #4.
11	
12	(Evaluation Report continues LIC 9099-C)
13	

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE:
DATE: 07/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/22/2026

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

Control Number 11-AS-20260715204314

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: BEVERLY HILLS LOVING CARE **FACILITY NUMBER:** 197603601
VISIT DATE: 07/22/2026

NARRATIVE

INVESTIGATION REVEALED THE FOLLOWING:

Allegation: Staff do not ensure residents' medication records are up to date.

It is alleged that facility staff do not ensure residents' medication records are up to date. Reports indicated concerns that facility staff are not authorized to discuss medications over the phone, which hinders efficient patient care. Further reports noted difficulties in getting updated patient medication lists, which are often outdated and pose risks to patient safety. Additionally, reports mentioned that staff members seem to be out of the office frequently. No further detailed information was provided.

On July 22, 2026, between 10:55 AM and 12:20 PM, the Department interviewed residents identified as Resident #1 through Resident #9 (R1-R9). Nine (9) out of the nine (9) resident members who receive medication assistance could not corroborate this claim. Residents expressed a positive experience regarding the assistance they receive with their medications. They noted that staff consistently provide reliable support and that they have not encountered any problems related to incorrect, missing, or outdated medication information. Furthermore, residents appreciate communication from staff regarding any changes in their medications, ensuring they are well-informed and supported throughout the process. expected. All residents reported no staffing issues and confirmed staff are always available to assist.

On July 22, 2026, between 10:30 AM and 1:30 PM, the Department interviewed staff members identified as Staff #1 through Staff #4 (S1-S4). Four (4) out of the four (4) staff members could not support this claim. According to staff members S3 and S4, those responsible for medication administration maintain up-to-date medication records, promptly receive and file physician orders, and update Medication Administration Records (MARs) and Centrally Stored Medication logs when changes occur. The staff described their procedures for receiving new orders, documenting changes, and communicating updates during shift transitions.

Additionally, for prescription refills of PRN medications, the facility collaborates with Omnicare, and all refills are processed electronically without delays. (S3 and S4) mentioned that the facility typically only receives requests for medication lists when a resident is hospitalized. At that point, a request for a physician's medication order is faxed to the hospital.

(Evaluation Report continues LIC 9099-C)

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE:
DATE: 07/22/2026

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Control Number 11-AS-20260715204314

NARRATIVE

(S1- S4) emphasized that discussions regarding residents' medications by telephone are rare due to the requirements of the Health Insurance Portability and Accountability Act (HIPAA). (S2) noted that all staff have completed American Health Care training on (HIPAA), and a registered nurse conducts audits of the Physician Orders and MARs for accuracy weekly. According to (S1-S4) our med team is well-staffed, with four med-technicians on the morning shift, three on the evening shift, and one available for the NOC shift, ensuring full coverage throughout the day and night.

The Department's review of medication administration records for a sample of residents showed that Physician Orders (dated 07/08/26 – 08/06/26), MARs (dated 07/08/26 – 08/06/26), and Centrally Stored Medication logs were consistent and current. No discrepancies were observed between the medications present in the facility and the written records reviewed. No documentation was found to indicate outdated or inaccurate medication records. Additional review of staff American Health Care Academy (HIPAA) training.

Further review of Personnel Report LIC 500 (dated 07/22/26) verified med team staffing for all shifts.

Based on interviews conducted and records reviewed, there was insufficient evidence to support the allegation mentioned above.

Based on the information collected from the facility inspection, observations, interviews, and records analysis, the Department found no evidence to support the above allegation. The allegation may have happened or is valid, but there is not a preponderance of the evidence to prove that the alleged violation occurred. Therefore, the allegation is **Unsubstantiated**.

No deficiencies cited.

An exit interview was conducted with **LIDA ZARAFSHAN**, and copies of the reports were provided.

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE:
DATE: 07/22/2026

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DATE: 07/22/2026