

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197607366

Report Date: 01/08/2026

Date Signed: 01/08/2026 01:42:19 PM

Unsubstantiated

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 **11/19/2025** and conducted by Evaluator Felisa Shirley

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20251119084839
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FACILITY NAME: GARDENA RETIREMENT CENTER	FACILITY NUMBER: 197607366
ADMINISTRATOR: SUSANA FUENTES	FACILITY TYPE: 740
ADDRESS: 14741 S. VERMONT AVE.	TELEPHONE: (310) 327-4091
CITY: GARDENA	ZIP CODE: 90247
CAPACITY: 108	DATE: 01/08/2026
MET WITH: Susie Fuentes, Administrator	UNANNOUNCED TIME BEGAN: 12:25 PM
	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Staff did not ensure that resident's shower equipment was in good repair resulting in a fall.
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INVESTIGATION FINDINGS:

1	*This report serves as an amendment to clarify findings. It does not supersede the complaint
2	investigation findings reflected on the report created on 12/17/25.
3	On 12/17/25, Licensing Program Analyst (LPA) Felisa Shirley conducted an unannounced visit to this
4	facility. LPA was met by the Administrator, Susie Fuentes and explained the purpose of the visit is to
5	investigate and deliver findings for the allegations mentioned above. LPA was granted access to the
6	facility.
7	The investigation consisted of the following:
8	On 11/19/25 LPA Shirley reviewed copies of the following records: Staff and Resident Roster, Admission
9	Record, Special Incident Report, Preplacement Appraisal Information, Medical Assessment for
10	Residential Care Facilities for the Elderly, Appraisal/Needs and Services Plan, Enriched Residential Care
11	Service Need and Tier Assessment, Incontinent Schedule for All Shifts, Shower List, medical reports from
12	Gardena Memorial Hospital and a Picture. LPA Felisa Shirley conducted a tour of the facility. LPA Shirley
13	interviewed Staff 1 – Staff-8 (S1 – S8), and Resident -1 – Resident -8 (R1-R8).
	Con'd on 9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Felisa Shirley
LICENSING EVALUATOR SIGNATURE:

DATE: 01/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/08/2026

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 11-AS-20251119084839

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: GARDENA RETIREMENT CENTER

FACILITY NUMBER: 197607366

VISIT DATE: 01/08/2026

NARRATIVE

1 The investigation revealed the following:
2

3 Allegation: Staff did not ensure that resident's shower equipment was in good repair resulting
4 in a fall.
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6 It is being reported that shower equipment was not in good repair, resulting in residents fall.
7 On 12/17/25, LPA Felisa Shirley reviewed the Special Incident Report dated 11/13/25, which
8 reported that R-1 slipped out of the shower chair during her scheduled shower and was able
9 to land into a sitting position. Resident requested that staff call 911. Resident was taken to
10 Gardena Memorial Hospital, was examined and she returned back to the facility on the same
11 day. On 12/17/25, LPA Shirley reviewed the Preplacement Appraisal Information dated
12 10/22/25, which documents that R-1 needs help with bathing. A review of the medical report
13 from Gardena Memorial Hospital dated 11/12/25 did not indicate a fracture nor a
14 displacement. LPA Shirley's facility tour and inspection on 11/19/25 included an inspection of
15 the designated shower chair; no deficiencies were identified. During staff interviews, S2
16 indicated they were able to catch the resident and gently guide R1 into a seated position,
17 preventing a fall. The staff member stated that the resident did not hit her head or lose
18 consciousness as a result of the incident.
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24 LPA interviewed staff 1 – staff 8 (S-1 – S-8). Of those interviewed 8 out of 8 denied the
25 allegation. LPA interviewed resident 1 – resident 8 (R1 – R8). Of those who interviewed 7 out
26 of 8 denied the allegation, 1 confirmed the allegation.
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29 Based on information gathered, LPA did not find sufficient evidence to support the allegation
30 "Staff did not ensure that resident's shower equipment was in good repair resulting in a fall,"
31 therefore, the allegation is unsubstantiated.
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No deficiencies were cited for these allegations.

An exit interview was conducted and a copy of this report was provided to the Administrator,
Susie Fuentes.

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Felisa Shirley
LICENSING EVALUATOR SIGNATURE:

DATE: 01/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/08/2026

