

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608029

Report Date: 02/23/2026

Date Signed: 02/23/2026 07:09:43 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 **02/20/2026** and conducted by Evaluator Ernard Dabuet

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260220150636
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FACILITY NAME: VISTA DEL MAR SENIOR LIVING	FACILITY NUMBER: 197608029
ADMINISTRATOR: SUZETTE JOHNSON	FACILITY TYPE: 740
ADDRESS: 3360 MAGNOLIA AVENUE	TELEPHONE: (562) 595-1559
CITY: LONG BEACH	ZIP CODE: 90806
CAPACITY: 300	DATE: 02/23/2026
MET WITH: Suzette Johnson	UNANNOUNCED TIME BEGAN: 09:02 AM
	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Staff handled resident in an aggressive manner.
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INVESTIGATION FINDINGS:

1	On February 23, 2026, 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. Suzette Johnson Executive Director greeted the LPA. LPA explained that the purpose of
4	the visit is to investigate the allegation mentioned above.
5	
6	The investigation included a collection of records, interviews and tour of the facility. The Department
7	collected service records for Resident #1 (R1), Physician's Report LIC 624 (dated 12/15/25), Face Sheet
8	and Emergency Informaiton (dated 12/29/25), Service Plan (dated 12/31/25), Medication Administration
9	Record and Physicians Orders (dated 02/23/26), Unusual Incident Report LIC 624 (dated 02/20/26) and
10	other documents pertinent or associated with this complaint.
11	
12	(Evaluation Report contnues LIC 9099-c)
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE:

DATE: 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2026

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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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: VISTA DEL MAR SENIOR LIVING

FACILITY NUMBER: 197608029

VISIT DATE: 02/23/2026

NARRATIVE

1 **INVESTIGATION REVEALED THE FOLLOWING:**

2

3 **Allegation: Staff handled residents in an aggressive manner.**

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5 The complaint alleges that staff at a facility handled Resident #1 (R1) aggressively. On February 14,
6 2026, both (R1) and Resident #2 (R2) attempted to use the restroom at the same time. According to
7 reports, a staff member aggressively grabbed (R1), pulled (R1) out of the restroom, pinched (R1's) arm,
8 and hit (R1's) head. Further investigations revealed no visible markings or bruises on (R1); however, the
9 administrator stated that an internal investigation was conducted, resulting in the termination of the staff
10 member involved. No further information has been provided regarding this situation.

11

12 On February 23, 2026, between 10:20 AM and 02:10 PM, the Department interviewed residents
13 members identified as Resident #1 through Resident #11 (R1-R11). Ten (10) out of eleven (11) residents
14 could not validate this claim. (R2-R11) were under the care and supervision of Staff #1 (S1) on February
15 14, 2026. All residents praised the staff for their professionalism and courteous behavior. They
16 confirmed that they had never experienced or witnessed any aggressive mistreatment of residents. (R2-
17 R11) stated that if such inappropriate behavior were observed, it would be reported to management or
18 Community Care Licensing (CCL).

19

20 During the interview (R1) reported a mistreatment incident involving Staff #1 (S1), claiming that the (S1)
21 roughly grabbed (R1) by the left arm and struck (R1) several times on the head. (R1) stated that (R2)
22 was present during the incident but not in any way involved in the restroom issue. (R1) did not provide
23 the staff's name or a clear description and claimed to have called 9-1-1 for law enforcement, but they did
24 not arrive. The statement from (R1) disputes the information reported to (CCL). (R1) mentioned that,
25 despite being struck multiple times on the head, no medical attention was deemed necessary, and this
26 was not reported to management. According to (R2), no such incident occurred. (R2) stated that any
27 inappropriate behavior by staff will be reported immediately and clarified that no such incident has ever
28 occurred on February 14, 2026.

29

30 On February 23, 2026, between 09:30 AM and 12:00 PM, the Department interviewed staff members
31 identified as Staff #2 through Staff #5 (S2-S5). Four (4) out of the four (4) staff members could not
32 corroborate this claim involving (R1) and (S1). All staff members were verified to have acted
appropriately, both verbally and physically, towards the residents.

(Evaluation Report continues LIC 9099-C)

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

DATE: 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2026

LIC9099 (FAS) - (06/04)

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Control Number 11-AS-20260220150636

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** VISTA DEL MAR SENIOR LIVING**FACILITY NUMBER:** 197608029**VISIT DATE:** 02/23/2026**NARRATIVE**

1 (S3) and (S4), who were working on the day of the incident, did not witness any inappropriate behavior
 2 by staff members. However, they received inconsistent accounts of what transpired between (R1) and
 3 (S1). (S3) reported to have walked in during the incident involving (R1) and noted that (R1) appeared
 4 agitated while getting out of the shower. According to (S3), (S1) left the scene after supervising (R1) out
 5 of the shower, and there was no physical engagement with (R1). (S3-S4) examined (R1) and did not
 6 observe any injuries or bruises on (R1). Both (S3) and (S4) confirmed that (R2) was present in the room
 7 when this incident occurred. Both (S2 and S5) stated that an investigation was conducted. They clarified
 8 that S1 is not an employee of Vista Del Mar but rather of Great Comfort Home Care, which the facility
 9 uses for staffing. Additionally, (R1) provided inconsistent accounts of what occurred. (S5) further clarified
 10 that (S1) was not terminated, as was previously reported.
 11
 12 On February 23, 2026, between 02:00 PM and 02:30 PM, the Department interview witness identified as
 13 Witness #1 (W1) by telephone. (W1) has information about the incident from (R1) but did not witness it.
 14 (W1) also noted that (R1) tends to distort statements unintentionally and may have confabulation issues.
 15
 16 The Department made several attempts to contact Staff #1 (S1) for an interview, but the calls went
 17 unanswered and were not returned.
 18
 19 During the investigation on February 23, 2026, the Department observed staff members interacting with
 20 residents and noted that their conduct was appropriate. The Department found that the facility upholds
 21 the rights of its residents. Posters detailing Resident Rights, Personal Rights, were displayed
 22 prominently throughout the facility. The Department inspected for bodily injuries on (R1) and found none.
 23 Furthermore, recent phone records show no log of (R1) making any 9-1-1 calls on February 14, 2026,
 24 confirming that there was no emergency.
 25
 26 The Department reviewed Resident #1 (R1's) Medical Assessment for Residential Care Facilities for the
 27 Elderly LIC 624A (dated 12/15/25), Face Sheet and Emergency Information (dated 12/29/25), Service
 28 Plan (dated 12/31/25), Preplacement Appraisal Information LIC603A (dated 12/30/25) and Unusual
 29 Incident Report LIC 624 (dated 02/2025) revealed that (R1's) medical diagnosis contributes to (R1's)
 30 line of thinking/belief system. Further review of Medication Administration and Physician's Orders (dated
 31 02/23/26) revealed (R1) is on 19 prescribed medications and (8) of the (19) contribute to risk of unusual
 32 bruising and mental status conditions of dizziness and confusion (ref: National Institute of Health).

(Evaluation Report continues LIC 9099-C)

SUPERVISORS NAME: Janae Hammond**LICENSING EVALUATOR NAME:** Ernand Dabuet**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/23/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/23/2026

LIC9099 (FAS) - (06/04)

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Control Number 11-AS-20260220150636**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** VISTA DEL MAR SENIOR LIVING**FACILITY NUMBER:** 197608029**VISIT DATE:** 02/23/2026**NARRATIVE**

1 Based on the information gathered, there is not enough evidence to support the allegation mentioned
 2 above.
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 4 Based on the information gathered from the facility inspection, observations, interviews, and records
 5 analysis, the Department found no evidence to support the above allegation. The allegation may have

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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**.

An exit interview was conducted with Suzette Johnson, and copies of the reports were provided.

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 02/23/2026

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