

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608029
Report Date: 08/20/2026
Date Signed: 08/20/2026 01:56:35 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 03/16/2026 and conducted by Evaluator Antonine Richard

	COMPLAINT CONTROL NUMBER: 11-AS-20260316124852
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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:	08/20/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	07:56 AM
	CENSUS: 237	TIME	02:00 PM
MET WITH:	SUZETTE JOHNSON	COMPLETED:	

ALLEGATION(S):

1	Resident has sustained multiple unwitnessed falls.
2	Staff do not respond timely when resident falls.
3	Staff are not adequately caring for resident's wounds.
4	Staff are not meeting resident's hygiene needs.
5	Staff did not ensure the facility is kept sanitary and free from pests.
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INVESTIGATION FINDINGS:

1	On August 20, 2026, California Department of Social Services/Community Care Licensing (CDSS/CCL)
2	Licensing Program Analyst (LPA) Antonine Richard conducted a follow-up complaint visit. LPA Richard
3	met with Suzette Johnson, Executive Director, and explained that the visit's purpose was to investigate
4	the allegations and deliver findings.
5	
6	The investigation included a collection of records, and interviewed: The Department reviewed several
7	documents, including the Facility Staff Roster (dated 03/18/26), Personnel Report LIC 500 (dated
8	03/18/26), and Resident #1 (R1)'s Identification and Emergency Information LIC 601 (dated 07/06/23),
9	Physician's Report LIC 602A (dated 05/01/26), Service Plan (dated 02/21/26), Resident Assessment
10	(dated 02/21/26), Dowey Pet Control invoice (date) scheduled residents rooms treatments, and residents
11	shower schedules, Bayview Hospice Notes. As well as other pertinent records associated with this
12	complaint. On August 19, 2026, LPA interviewed the Administrator (A1), the Licensed Vocational Nurse
13	(LVN), Medical Technician (MT1), and two staff (S1-S2), and ten residents (R2-R11). LPA was unable to
	interview R1 because R1 moved R1 out of the facility on June 15, 2026.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Eva M Alvarez	
LICENSING EVALUATOR NAME: Antonine Richard	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/20/2026

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 9
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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: 08/20/2026

NARRATIVE	
1	Allegation #1: Resident has sustained multiple unwitnessed falls. The complaint alleged that resident R1 had experienced multiple un-witnessed falls and that facility staff was delayed in responding to R1's needs. On August 19, 2026, the department interviewed the Administrator (A1), who denied the allegations. A1 stated that when staff found R1 on the floor of R1's room, they called the Med Tech or Nurse to evaluate R1. However, R1 consistently refused assistance, insisting that they were fine and had no pain. A1 also explained that for any resident who experienced an un-witnessed fall, staff would always call the Med Tech or Nurse to assess if the resident was in pain; if there were any injuries, they would immediately call Medical Emergency Services (MES). The department also interviewed the Licensed Vocational Nurse (LVN), who denied the allegations, stating that when staff discovered an un-witnessed fall, they would call the Med Tech and Nurses to conduct evaluations. If any injuries were found, they would contact MES right away. On the same date, the department interviewed the Medical Technician (MT1), who also denied the allegations and confirmed that they follow procedures regarding un-witnessed falls by contacting the LVN for resident assessment. Additionally, the department spoke with two staff members (S1 and S2), who similarly denied the allegations and stated that for un-witnessed falls, they would call both the MT1 and LVN to assess the residents, regardless of whether the residents reported pain or injuries.
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Control Number 11-AS-20260316124852

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

340
EL SEGUNDO, CA 90245

FACILITY NAME: VISTA DEL MAR SENIOR LIVING

FACILITY NUMBER: 197608029

VISIT DATE: 08/20/2026

NARRATIVE

1 The department reviewed the facility notes dated (02/20/26, 02/22/26), in which
2 staff found R1 on the floor lying with the pillow. R1 had no injuries or pain and
3 refused to go to the hospital. The facility staff notified R1's family.
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6 Although the allegation may have happened or is valid, there is not a
7 preponderance of evidence to prove the alleged violation did occur; therefore, the
8 allegation is **unsubstantiated**.
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11 **Allegation #2: Staff do not respond timely when resident falls.**
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14 The complaint alleged that the facility staff delayed their response to Resident 1's
15 (R1) care. On August 19, 2026, the department interviewed the Administrator
16 (A1), who denied this allegation. A1 stated that each resident has a call button
17 around their neck or in their pocket that, when pressed, prompts a staff member to
18 respond. The Administrator also mentioned that R1 knows how to ask for help and
19 communicates very effectively. A1 also stated R1 had multiple un-witnessed falls
20 without any injuries; R1 always refuses Medical Emergency Services (MES) and
21 stated there was no pain and that they were feeling fine.
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24 On the same day, the department interviewed the Licensed Nursing Volunteer
25 (LNV), who also denied that staff delayed their response to residents. According to
26 LNV, residents pressed the call button for assistance, and a staff member
27 responded within minutes.
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LICENSING EVALUATOR SIGNATURE:

DATE: 08/20/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/20/2026

LIC9099 (FAS) - (06/04)

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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: VISTA DEL MAR SENIOR LIVING

FACILITY NUMBER: 197608029

VISIT DATE: 08/20/2026

NARRATIVE

1 Additionally, the department spoke with the Medication Technician (MT1), who
2 similarly denied the allegation, stating that when residents requested help, staff
3 responded immediately. Two staff members (S1 and S2) were also interviewed and
4 denied the claim. They confirmed that when a resident pressed the call button, a
5 staff member responded right away.
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11 The department interviewed ten additional residents (R2-R11), all of whom
12 reported no neglect while seeking help. On August 19, 2026, the department
13 observed two residents pressing their call buttons, and staff arrived eight minutes
14 later. The department also reviewed the hospital discharge papers for R1, dated
15 from February 3, 2026, to March 4, 2026, which indicated that R1 had been
16 hospitalized several times for various symptoms. Additionally, the department
17 examined the physician's report for R1, which confirmed that R1 was capable of
18 performing activities of daily living independently and managing self-medication.
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23 Although the allegation may have happened or is valid, there is not a
24 preponderance of evidence to prove the alleged violation did occur; therefore, the
25 allegation is **unsubstantiated**.
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VISTA DEL MAR SENIOR LIVING	FACILITY NUMBER: 197608029 VISIT DATE: 08/20/2026
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NARRATIVE	
1	Allegation #3: Staff are not adequately caring for resident's wounds.
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4	The complaint alleged that a family member is concerned about wounds on the
5	resident's left heel that allegedly have not healed properly. On August 19, 2026, the
6	department interviewed the Administrator (A1), who denied the allegation and
7	stated that the facility nurse had observed a wound on the resident R1's left heel.
8	After the wound evaluation and treatment, the facility contacted Bayview Hospice,
9	and R1 agreed. On April 04, 2026, R1 started Hospice care treatment with
10	Bayview Hospice. A1 stated after enrolling in Bayview Hospice, R1 decided to
11	discontinue hospice care services. On April 23, 2026, the facility, staff members, a
12	representative from Bayview Hospice, and R1's family were present when R1
13	decided to discontinue hospice care. Staff explained to R1 the benefits of receiving
14	hospice assistance for wound care. Because the facility is not a medical center,
15	staff took the time to explain R1's wound situation to the resident, who is
16	independent and does not have a Power of Attorney (POA).
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23	On August 19, 2026, the department interviewed the Licensed Vocational Nurse
24	(LVN), who denied the allegations and stated that the facility could not provide
25	wound care to residents. Instead, the facility would contact Hospice Care and
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28 home health services to assist residents with wounds. The LVN emphasized that
29 R1 needed support from one of these services, as the facility is not a medical
30 facility. The department also reviewed the Bayview Hospice notes from the same
31 date, which indicate that services were started and then discontinued for resident
32 R1. The department also viewed a picture of R1's left foot tapes, which shows that
R1 had a wound on the left foot.

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: VISTA DEL MAR SENIOR LIVING **FACILITY NUMBER:** 197608029
VISIT DATE: 08/20/2026

NARRATIVE

1 **Allegation #4: Staff are not meeting resident's hygiene needs.**
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3 The complaint alleged that a family member had several concerns about safety,
4 hygiene, and the care provided in the resident's assisted living. On August 19, 2026,
5 the department interviewed the Administrator (A1), who denied the allegation and
6 stated that Resident 1 (R1) can perform activities of daily living (ADLs)
7 independently. R1 has a scheduled shower three times a week. A1 also stated that
8 all staff members must follow the resident's physician reports and the service plan to
9 assist residents with their hygiene needs. If a resident can't, the staff would assist
10 with the (ADLs) activities.
11
12 On August 19, 2026, the department interviewed the Licensed Vocational Nurse
13 (LVN), who also denied the allegation and confirmed that the staff adheres to the
14 resident's physician report, doctor's orders, and service plan to meet the resident's
15 hygiene needs accurately.
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17 The department also interviewed the Medication Technician (MT1), who denied the
18 allegation and stated that they follow the resident's service plan to meet hygiene
19 needs.
20
21 The department interviewed two staff members, referred to as S1 and S2, both of
22 whom denied the allegations. They confirmed that they have access to residents'
23 face sheets, service plans, and shower schedules for each resident. They clarified
24 that residents in a specific program are entitled to three showers per week. For
25 private-pay residents, the number of showers is determined by how many the
26 residents choose to purchase.
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VISTA DEL MAR SENIOR LIVING FACILITY NUMBER: 197608029
VISIT DATE: 08/20/2026

NARRATIVE	
1	On August 19, 2026, the department reviewed the physician's report and the service
2	plan needs for Resident 1 (R1), which indicated that R1 was capable of self-care.
3	Additionally, the department reviewed the facility's shower schedule, which included
4	dates, times, and room numbers, along with residents' names for the personal
5	shower schedule. The staff also stated that if a resident refuses to shower, they
6	document the refusal.
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9	Although the allegation may have happened or is valid, there is not a preponderance
10	of evidence to prove the alleged violation did occur; therefore, the allegation is
11	unsubstantiated.
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14	Allegation #5: Staff did not ensure the facility is kept sanitary and free from
15	pests.
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17	The complaint alleged that the complainant saw rodents and cockroaches in resident
18	R1's bedroom. On August 19, 2026, the department interviewed the Administrator
19	(A1), who denied the allegation and stated that Dewey Pest Control visits the facility
20	weekly. A1 also stated that the facility rotates residents' rooms weekly. If a resident
21	complained that a room had pets, the company would service the rooms and follow
22	up the following week.
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26	On August 19, 2026, the department interviewed two staff members (S1-S2), both
27	of whom denied the allegation and stated that pest control visits the facility
28	weekly; if there is a problem with a resident's room, they let them know.
29	Additionally, the department interviewed ten residents (R2-R11); 9 of 10 residents
30	denied seeing any pets in their rooms and stated that pest control visits the rooms
31	sometimes. On August 19, 2026, the department visited eight rooms: 315, 316,
32	317, 318, 272, 219, 217, and 114.

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VISTA DEL MAR SENIOR LIVING FACILITY NUMBER: 197608029
VISIT DATE: 08/20/2026

NARRATIVE

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On August 19, 2026, the department reviewed the physician's report and the service plan needs for Resident 1 (R1), which indicated that R1 was capable of self-care. Additionally, the department reviewed the facility's shower schedule, which included dates, times, and room numbers, along with residents' names for the personal shower schedule. The staff also stated that if a resident refuses to shower, they document the refusal.

Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did occur; therefore, the allegation is **unsubstantiated**.

Allegation #5: Staff did not ensure the facility is kept sanitary and free from pests.

The complaint alleged that the complainant saw rodents and cockroaches in resident R1's bedroom. On August 19, 2026, the department interviewed the Administrator (A1), who denied the allegation and stated that Dewey Pest Control visits the facility weekly. A1 also stated that the facility rotates residents' rooms weekly. If a resident complained that a room had pets, the company would service the rooms and follow up the following week.

On August 19, 2026, the department interviewed two staff members (S1-S2), both of whom denied the allegation and stated that pest control visits the facility weekly; if there is a problem with a resident's room, they let them know. Additionally, the department interviewed ten residents (R2-R11); 9 of 10 residents denied seeing any pets in their rooms and stated that pest control visits the rooms sometimes. On August 19, 2026, the department visited eight rooms: 315, 316, 317, 318, 272, 219, 217, and 114. The department observed no pets or cockroaches during the room inspection.

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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

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NARRATIVE

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The department observed no pets or cockroaches during the room inspection. The department reviewed the Dewey pest control invoice dated 06/01/2026, 07/01/2026, and 08/01/2026 for monthly services rendered to the facility. Additionally, include the apartment services log for each resident's room, dated 01/01/2026 to 06/01/2026.

Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did occur; therefore, the allegation is **unsubstantiated**.

No deficiencies were cited.

15	An exit interview was conducted. A copy of this report was provided to Administrator
16	Suzette Johnson.
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