

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 197608467  
Report Date: 08/22/2023  
Date Signed: 08/22/2023 02:36:30 PM

## Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD., STE. 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 **04/25/2023** and conducted by Evaluator LaQueena Lacy

	<b>COMPLAINT CONTROL NUMBER: 31-AS-20230425084540</b>
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<b>FACILITY NAME:</b> BELMONT VILLAGE HOLLYWOOD	<b>FACILITY NUMBER:</b> 197608467
<b>ADMINISTRATOR:</b> MARY JANE RODRIGUEZ	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2051 N HIGHLAND AVE	<b>TELEPHONE:</b> (323) 874-7711
<b>CITY:</b> LOS ANGELES	<b>STATE:</b> CA <b>ZIP CODE:</b> 90068
<b>CAPACITY:</b> 150	<b>CENSUS:</b> 84 <b>DATE:</b> 08/22/2023
<b>MET WITH:</b> Janelle Topete	<b>UNANNOUNCED TIME BEGAN:</b> 01:54 PM
	<b>TIME COMPLETED:</b> 02:40 PM

**ALLEGATION(S):**

1	Staff do not assist resident with toileting needs.
2	
3	Staff do no do ensure resident's showering needs are met.
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5	Facility has lack of water supply.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) LaQueena Lacy conducted a subsequent complaint visit for the above
2	allegation on 08/22/2023 at 11:04am to deliver investigative findings. LPA met with Administrator Janelle
3	Topete and explained the purpose of the visit.
4	
5	#1. Staff do not assist resident with toileting needs.
6	
7	It is alleged that R1 was told by staff to urinate and defecate on themselves. To investigate the above
8	allegation LPA requested and obtained copies of facility files and documents including but not limited to
9	staff and resident rosters, physician reports and PAL Approach Chart and Service Plan at 12:32pm. LPA
10	interviewed the ED at 12:37pm, additional interviews with staff and residents were conducted at
11	approximately 2:10pm. Interviews with seven (07) out of eight (08) incontinent residents confirm they
12	have not been told to urinate or defecate on themselves. They confirm staff assist them with their toileting
13	needs and they are checked on
	Continued on LIC9099C.

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Naira Margaryan  
**NAME OF LICENSING PROGRAM ANALYST:** LaQueena Lacy  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/22/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/22/2023

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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STE. 250  
WOODLAND HILLS, CA 91364

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** BELMONT VILLAGE HOLLYWOOD

**FACILITY NUMBER:** 197608467

**VISIT DATE:** 08/22/2023

### NARRATIVE

1 often to see if they need assistance with toileting. Interviews with staff revealed that R1 has a catheter,  
2 and they affirm that incontinent residents are checked on every two (02) hours and have not told any  
3 residents to defecate or urinate on themselves. During the time of the investigation upon record  
4 review, LPA observed the April 2023 PAL Approach Chart and Service Plan, R1  
5 received assistance for incontinent care every (02) hours or as needed for toileting  
6 and catheter continence each shift. Based on interviews, observations, and record  
7 review there is not enough corroborating evidence to prove the alleged violation did  
8 or did not occur, therefore the allegation is UNSUBSTANTIATED at this time.

11 #2. Staff do not ensure resident's showering needs are met.

14 It is alleged that resident #1 (R1) hasn't bathed in 2 years. LPA conducted an  
15 interview with R1 at 2:47pm when asked if they refused showers? R1 stated "I don't  
16 remember". LPA asked if S2 gave them a sponge bath this morning? R1 replied  
17 "they probably did, but I don't know". At the time of the investigation seven (07) out  
18 of eight (08) residents confirm "they receive 3 showers per week". Interviews with  
19 staff revealed that R1 refuses showers. S2 confirm that they give R1 a sponge bath  
20 in the mornings because they refuse showers when asked by staff. During the  
21 investigation LPA observed the April 2023 PAL Approach Chart and Service Plan, R1  
22 receives a sponge bath during the first shift, but refuses a shower during second  
23 shift. Based on interviews, observations, and record review there is not enough  
24 corroborating evidence to prove the alleged violation did or did not occur, therefore  
25 the allegation is UNSUBSTANTIATED at this time.

29 #3. Facility has lack of water supply.

31 It is alleged that the facility is lacking water supply. To investigate the above  
32 allegation, LPA interviewed seven (07) out of eight (08) residents confirm they have  
not had any issues or disruptions with the water supply. Interviews with staff confirm  
they have not had any issues or disruptions with the water supply.

Continued on LIC9099C.

**NAME OF LICENSING PROGRAM MANAGER:** Naira Margaryan  
**NAME OF LICENSING PROGRAM ANALYST:** LaQueena Lacy  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/22/2023

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**FACILITY REPRESENTATIVE SIGNATURE:**

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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

**FACILITY NAME:** BELMONT VILLAGE HOLLYWOOD

**FACILITY NUMBER:** 197608467

**VISIT DATE:** 08/22/2023

**NARRATIVE**

1 At the time of the investigation LPA observed (08) random bathrooms all to have a  
2 working water supply. LPA tested toilets, sinks and bathtubs all observed to be  
3 operating and functioning properly. Based on interviews, and observations there is  
4 not enough corroborating evidence to prove the alleged violation did or did not occur,  
5 therefore the allegation is UNSUBSTANTIATED at this time.  
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8 No health and safety hazards are noted during this visit.  
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10 No deficiencies cited. Exit interview conducted and copy of report and appeal rights  
11 issued.  
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**NAME OF LICENSING PROGRAM MANAGER:** Naira Margaryan

**NAME OF LICENSING PROGRAM ANALYST:** LaQueena Lacy

**LICENSING PROGRAM ANALYST SIGNATURE:**

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