

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 197608467  
Report Date: 02/26/2026  
Date Signed: 02/26/2026 10:46:34 AM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 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 **07/03/2025** and conducted by Evaluator Raymond Comer

	<b>COMPLAINT CONTROL NUMBER: 31-AS-20250703114439</b>
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<b>FACILITY NAME:</b> BELMONT VILLAGE HOLLYWOOD	<b>FACILITY NUMBER:</b> 197608467
<b>ADMINISTRATOR:</b> JANELLE TOPETE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2051 N HIGHLAND AVE	<b>TELEPHONE:</b> (323) 874-7711
<b>CITY:</b> LOS ANGELES	<b>ZIP CODE:</b> 90068
<b>CAPACITY:</b> 150	<b>DATE:</b> 02/26/2026
<b>MET WITH:</b> Nathaniel Akyempon- Director	<b>UNANNOUNCED TIME BEGAN:</b> 10:15 AM
	<b>TIME COMPLETED:</b> 11:00 AM

#### ALLEGATION(S):

1	Staff touched resident in an inappropriate manner.
2	
3	
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#### INVESTIGATION FINDINGS:

1	On 2/26/26, Licensing Program Analyst, (LPA) Ray Comer, conducted a subsequent visit to conclude
2	investigation of the above allegation. LPA spoke with the Director, and the reason for the visit was
3	disclosed.
4	
5	At 10:20 am, LPA inspected the facility; no health and safety hazards were noted.
6	
7	Allegation: It was alleged that facility staff placed their hands down resident#1 (R1's) pants.
8	
9	On 07/07/25, LPA, Raymond Comer, conducted an initial visit to investigate the allegation, at which time,
10	LPA obtained facility records pertaining to R1. The complaint was referred to the Investigations Branch,
11	(IB) of the Community Care Licensing Department (CCLD) and accepted by Senior Investigator, (SI)
12	Philippe Ryan Miles, for full investigation. SI Miles's investigation consisted of an interview with
13	Resident#1 (R1), Administrator, and Staff.
	[continued on LIC9099C]

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Naira Margaryan  
**LICENSING EVALUATOR NAME:** Raymond Comer  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/26/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/26/2026

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** 31-AS-20250703114439

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,  
STE. 250  
WOODLAND HILLS, CA 91364

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** BELMONT VILLAGE HOLLYWOOD

**FACILITY NUMBER:** 197608467

**VISIT DATE:** 02/26/2026

### NARRATIVE

1 The complaint was referred to the Investigations Branch, (IB) of the Community Care Licensing  
2 Department (CCLD) and accepted for full investigation. An investigation was continued and completed  
3 by Senior Investigator, (SI) Philippe Ryan Miles.  
4  
5 On 7/23/25, at 1:50 pm, SI spoke with R1. On 8/19/25, at 1:50 pm, and on 8/27/25, at 6:45 am, SI  
6 interviewed S1 and S2 respectively. On 7/22/25, SI reviewed facility records obtained during LPA's initial  
7 visit. The following is a summary of the complete investigation:  
8  
9 On 07/07/25, LPA's interview with the Administrator revealed the following: Administrator refutes the  
10 allegation. R1 has progressive and frequent episodes of confusion and forgetfulness. S1 and S2 were  
11 interviewed by the Administrator, and at the time the alleged incident occurred, S1 was accompanied by  
12 S2 when they checked on R1. S2 verified to the Administrator that S1 never placed their hands in R1's  
13 pants.  
14  
15 SI's interviews with Staff revealed the following: Both S1 and S2 refute the allegation. S1 denied having  
16 any physical contact with R1, nor putting their hands down R1's pants. S2 witnessed S1 having no  
17 physical contact with R1, and stated that S1 never touched R1 in a non-appropriate way. SI interviewed  
18 R1 who denied being touched by S1 on their private area but recalled S1's hands being in R1's pants.  
19  
20  
21 Records review conducted by LPA Comer, and SI Miles corroborated the information revealed by the  
22 Administrator. Records also revealed that the alleged incident was reported to R1's Physician,  
23 Responsible parties and Licensing agency.  
24  
25 Based on interviews and record review, there is not sufficient information to verify the allegation.  
26 Therefore, the allegation is **UNSUBSTANTIATED** at this time.  
27  
28 Exit Interview conducted, and a copy of this report was given to the Administrator.  
29  
30  
31  
32

**SUPERVISORS NAME:** Naira Margaryan  
**LICENSING EVALUATOR NAME:** Raymond Comer  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/26/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/26/2026

LIC9099 (FAS) - (06/04)

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