

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608888

Report Date: 02/10/2026

Date Signed: 02/10/2026 03:27:48 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 **12/29/2025** and conducted by Evaluator Elvira Gonzalez

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20251229094748
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FACILITY NAME: WEST PICO TERRACE ASSISTED LIVING CENTER LP	FACILITY NUMBER: 197608888
ADMINISTRATOR: CHRISTOPHER, MELISSA	FACILITY TYPE: 740
ADDRESS: 6050 W PICO BLVD	TELEPHONE: (323) 653-5565
CITY: LOS ANGELES	ZIP CODE: 90035
CAPACITY: 136	DATE: 02/10/2026
MET WITH: Azucena Reyes	UNANNOUNCED TIME BEGAN: 11:35 AM
	TIME COMPLETED: 03:45 PM

ALLEGATION(S):

1	Staff did not administer medication to a resident in care.
2	Staff did not prevent a resident from interrupting another resident's sleep.
3	Staff are not following resident's care plan.
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INVESTIGATION FINDINGS:

1	On 02/10/26, Licensing Program Analyst (LPA) Elvira Gonzalez conducted an unannounced complaint investigation visit to further investigate the above-mentioned allegations and deliver findings. LPA met with Administrator Azucena Reyes, explained the purpose of the visit, and was granted entry into the facility.
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6	The investigation consisted of the following: On 01/08/26, LPA Gonzalez requested the following documents: staff roster, resident roster, Admission Record for R1-R2, Physician's Report for R1-R2, Individual Service Plan for R1, Preplacement Appraisal Information for R2, and Medication Administration Record (MAR) for the months of December-January 2025 for R1. LPA Gonzalez conducted interviews with staff #1-#7 (S1-S7), and residents #1-#7 (R1-R7). Additionally, LPA Gonzalez toured the facility.
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13	Continued on LIC9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Elvira Gonzalez
LICENSING EVALUATOR SIGNATURE:

DATE: 02/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/10/2026

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-20251229094748

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: WEST PICO TERRACE ASSISTED LIVING CENTER LP

FACILITY NUMBER: 197608888

VISIT DATE: 02/10/2026

NARRATIVE

1 **The investigation revealed the following:**

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For the allegation: Staff did not administer medication to a resident in care. It is being alleged that staff frequently run out of the resident's prescribed medication, resulting in the resident not receiving the medication. On 01/08/26, LPA Gonzalez interviewed S1-S7. Of those interviewed, 4 out of 4 staff denied the allegation.

On 01/08/26, LPA Gonzalez conducted interviews with residents R1-R7. Of those interviewed, 6 out of 7 residents could not corroborate with the allegation. 6 out of 7 residents said they are receiving their medication(s) on time and as prescribed by their physician. An interview with R1 revealed that they missed their medication one day, but that they understood it was out of the facility's hands, and the pharmacy was behind. R1 said that she is overall satisfied with their services at the facility and has no complaints.

On 01/08/26, LPA Gonzalez conducted a review of records. LPA reviewed R1's MAR for the months of December 2025 - January 2026 for R1 and observed them to be in order.

Based on observation, records reviewed, and interviews conducted, there is insufficient evidence to support the allegation. Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is **unsubstantiated**.

For the allegation: Staff did not prevent a resident from interrupting another resident's sleep. It is being alleged that a resident's roommate frequently disrupts their sleep by making noise and arguing with caregivers, and that staff do not intervene. On 01/08/26, LPA Gonzalez interviewed S1-S7. Of those interviewed, 4 out of 4 staff denied the allegation.

On 01/08/26, LPA Gonzalez conducted interviews with residents R1-R7. Of those interviewed, 8 out of 8 residents could not corroborate with the allegation. An interview with R1 revealed that there were a few occasions when R1 was awakened by their roommate and staff. R1 stated they understand that staff were assisting the roommate with activities of daily living. R1 reported that they have since spoken with both their roommate and staff regarding the issue, have reached an understanding, and stated that the situation has improved and is currently going well.

Continued on LIC9099-C

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Elvira Gonzalez
LICENSING EVALUATOR SIGNATURE:

DATE: 02/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/10/2026

Control Number 11-AS-20251229094748

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:** WEST PICO TERRACE ASSISTED LIVING
CENTER LP**FACILITY NUMBER:** 197608888**VISIT DATE:** 02/10/2026**NARRATIVE**

1 Based on observation, records reviewed, and interviews conducted, there is insufficient evidence to
2 support the allegation. Although the allegation may have happened or is valid, there is not a
3 preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
4 **unsubstantiated.**

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6 **For the allegation: Staff are not following resident's care plan.** It is alleged that staff are required
7 per the resident's care plan to brush the resident's hair and have not done so since December 26, 2025.
8 On 01/08/26, LPA Gonzalez interviewed S1–S7. Of those interviewed, 4 out of 4 staff denied the
9 allegation.

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11 On 01/08/26, LPA Gonzalez conducted interviews with residents R1–R7. Of those interviewed, 7 out of 7
12 residents could not corroborate with the allegation. An interview with R1 revealed that staff had just
13 brushed their hair earlier that day, and that they are satisfied with the services provided to them by staff
14 at the facility.

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16 On 01/08/26, LPA Gonzalez reviewed R1's Individual Service Plan and did not observe a requirement
17 for staff to brush R1's hair daily is a part of the service plan.

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20 Based on observation, records reviewed, and interviews conducted, there is insufficient evidence to
21 support the allegation. Although the allegation may have happened or is valid, there is not a
22 preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
23 **unsubstantiated.**

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25 No deficiencies were cited during this investigation.

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28 An exit interview was conducted, and a copy of the report was provided to Azucena Reyes.
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SUPERVISORS NAME: Stephanie Cifuentes**LICENSING EVALUATOR NAME:** Elvira Gonzalez**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/10/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/10/2026