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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608888
Report Date: 08/06/2026
Date Signed: 08/06/2026 04:15:10 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/12/2026** and conducted by Evaluator Wendy Gibbs

	COMPLAINT CONTROL NUMBER: 11-AS-20260612094329

FACILITY NAME:	WEST PICO TERRACE ASSISTED LIVING CENTER LP			**FACILITY NUMBER:**	197608888
ADMINISTRATOR:	AZUCENA REYES SERRANO			**FACILITY TYPE:**	740
ADDRESS:	6050 W PICO BLVD			**TELEPHONE:**	(323) 653-5565
CITY:	LOS ANGELES	**STATE:** CA		**ZIP CODE:**	90035
CAPACITY:	136	**CENSUS:** 94		**DATE:**	08/06/2026
		UNANNOUNCED		**TIME BEGAN:**	08:57 AM
MET WITH:	Azucena Reyes			**TIME COMPLETED:**	04:20 PM

ALLEGATION(S):

1 Staff did not ensure that the resident's catheter care needs were properly met at the facility
2 Staff did not seek timely medical care for residents in care
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INVESTIGATION FINDINGS:

On 08/06/2026, Licensing Program Analyst (LPA), Wendy Gibbs, conducted a subsequent unannounced Complaint Visit to the facility listed above. LPA met with Azucena Reyes, Administrator, and the purpose of today's visit was explained. LPA was granted entry into the facility.
The investigation consisted of the following:
During today's visit, LPA interviewed Staff S1, and S3 -S7, interviewed Residents R2-R10, interviewed W1, and received and reviewed additional documents. The following documents were received and reviewed Preplacement Appraisal Information (dated 02/12/2025), an Assessment Tool conducted by JFS (dated 02/25/2026), and Unusual Incident/Injury Reports (various dates).
During the initial visit conducted on 06/15/2026LPA inspected the facility, interviewed Staff S2, interviewed and received and reviewed documents pertinent to the investigation. The following documents were received and reviewed Staff Roster, Resident Roster, Admission Agreement, Identification & Emergency Information Form (Face Sheet), Physician's Report, Needs and Service Plan, Physician's Orders, Home Health Documents, Hospital Discharge Documents, and Staffing Notes.
The investigation revealed the following:

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Wendy Gibbs
LICENSING EVALUATOR SIGNATURE:
DATE: 08/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/06/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 11-AS-20260612094329

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

FACILITY NAME: WEST PICO TERRACE ASSISTED LIVING CENTER LP

FACILITY NUMBER: 197608888

VISIT DATE: 08/06/2026

NARRATIVE

Allegation: Staff did not ensure that the resident's catheter care needs were properly met at the facility.
The allegation alleges staff do not empty the resident's catheter bag as trained to do and there was an extended period of time where the bag was not emptied.
During Record Review, LPA received and reviewed Arba Home Healthcare, INC. Clinical Notes, indicating R1's catheter was checked by the Home Health Nurse regularly. LPA received Clinical Notes for the following dates: 06/01/2026, 05/29/2026, 05/21/2026, 05/14/2026, 05/07/2026, 04/30/2026. LPA received and reviewed the Individual Service Plan, dated 01/25/2026, that indicates R1 requires catheter maintenance and ensures regular monthly catheter replacement. Additionally, LPA received and reviewed an Assessment Tool conducted by the organization JFS on 02/25/2026, that in the Notes on page 24, indicates R1 has an indwelling Foley catheter maintained by facility staff and changed by the home health nurse.
During interviews with Staff S1-S7, were asked how often Resident R1's catheter bag was emptied, seven (7) out of seven (7) stated whenever you saw urine in the bag we emptied it. Additionally, Staff S1- S7 were asked if they had observed the bag full of urine, as if it had not been emptied, seven (7) out of seven (7) stated no, they had not seen the bag full at any time.
During interviews with Residents R2-R10, were asked if staff ensure their care needs are properly met, nine (9) out of nine stated yes, staff ensure their care needs are properly met.
During an interview with Witness W1, was asked if they had observed Resident R1's catheter bag full, as if it had not been changed, W1 stated no, that was not observed. LPA asked W1 if they had concerns regarding the assistance R1 was receiving for their catheter at the facility, W1 stated they had no concerns. Additionally, Witness W1 was asked if the care staff at the facility received training regarding emptying the catheter back, W1 stated yes, they received training.

Allegation: Staff did not seek timely medical care for residents in care

The allegation alleges that care staff had reported a change in condition and the resident was not assessed until the condition worsened and they were blamed for not reporting a change in condition.
During Record Review, LPA received and reviewed Arba Home Healthcare, INC. Doctor's Order Notes dated 05/29/2026, that indicates the home health was at the facility due to staff reporting a leak in the catheter. Per the notes R1's catheter was secured, no leakage or breakdown observed, and resident R1 had no complaints of pain or discomfort. Additionally, LPA received and reviewed Arba Home Healthcare Clinal Notes dated 06/01/2026, which indicates R1 had complaints of pain in the groin area and the catheter was cloudy and had an odor. After attempting to change the catheter, the facility received orders from the Physician to call

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COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
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NARRATIVE

911 for R1's catheter to be changed in a hospital setting. LPA received and reviewed an Unusual Incident/Injury Report (LIC624) dated 06/01/2026, reporting that Resident R1 was transferred to Cedars-Sinai Emergency Department due to a possible UTI. Additionally, LPA received and reviewed After Visit Summary documents for R1's from Cedars Sinai dated 06/02/2026 to 06/11/2026. LPA received and reviewed Doctor' Orders Admission Supplemental Plan and Treatment for Arba Home Healthcare dated 04/20/2026, that indicates on page 3, lists the following teaching, 13. Teach infection prevention/care/management of Foley Catheter.

During interviews with Staff S1-S7, were asked if Resident R1 received medical treatment in a timely manner, seven (7) out of seven (7) stated yes, they informed the Physician, Home Health Nurse, and Responsible Party right away, and called 911 per the Physician's request.

During interviews with Residents R2-R10, were asked if staff ensure they receive medial treatment/care in a timely manner, nine (9) out of nine (9) stated yes, they receive medical treatment/care in a timely manner.

During an interview with Witness W1, was asked if R1 received medical treatment in a timely manner, W1 stated yes, R1 received medical treatment in a timely manner.

During the course of the investigation, LPA was unable to find evidence to support the allegation(s). Although the allegation(s) may have happened or is valid, there is no preponderance of evidence to prove the alleged violation(s) did or did not occur, therefore the allegation(s) is/are **unsubstantiated**.

LPA did not observe or cite any deficiencies during today's visit.

An exit interview was conducted with Azucena Reyes, Administrator, and a copy of this report was provided.

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