

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609060
Report Date: 04/15/2026
Date Signed: 04/15/2026 12:34:41 PM

Substantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/23/2026** and conducted by Evaluator Angelica Segovia

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20260323090432
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FACILITY NAME:	TREASURE HERITAGE	FACILITY NUMBER:	197609060
ADMINISTRATOR:	LOWOSAGBA, SUNDAY	FACILITY TYPE:	740
ADDRESS:	2049 KALLIOPE AVENUE	TELEPHONE:	(661) 886-8791
CITY:	LANCASTER	ZIP CODE:	93536
CAPACITY:	6	DATE:	04/15/2026
		UNANNOUNCED TIME BEGAN:	09:30 AM
MET WITH:	Sunday Olowosagba- Administrator	TIME COMPLETED:	12:50 PM

ALLEGATION(S):

1	Unqualified staff providing care to residents.
2	Facility does not have adequate staffing.
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INVESTIGATION FINDINGS:

1	On 04/15/2026 at approximately 09:30 AM, Licensing Program Analyst (LPA), Angelica Segovia
2	conducted an unannounced subsequent complaint visit to the facility. LPA was greeted by the
3	Administrator, Sunday Olowosagba and stated their reason for their visit was to deliver the findings of the
4	complaint.
5	
6	To investigate the allegation(s), on 04/02/2026 at approximately 10:30 AM, LPA conducted a physical
7	plant tour. By 11:00 AM, LPA requested relevant documentation. From 11:00 AM to 1:30 PM, LPA
8	attempted interviews with three (3) residents (R1-R3), two (2) staff members (S1-S2) and conducted
9	record review.
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11	(Contiue to LIC 9099-C)
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Angelica Segovia	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/15/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/15/2026

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 7
Control Number 31-AS-20260323090432

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: TREASURE HERITAGE	FACILITY NUMBER: 197609060
	VISIT DATE: 04/15/2026

NARRATIVE	
1	Regarding the allegation: Unqualified staff providing care to residents. It was alleged that S2 lacked
2	the skills and competence to provide care and supervision to the residents. To investigate the
3	allegations, LPA conducted interviews with two (2) staff members. LPA's interview with S2 revealed they
4	are the live-in staff member who cares for the residents and S1 will arrive in the mornings and evenings
5	to assist with medications. When questioned if they could provide information regarding the residents'
6	diagnosis and needs/services, S2 could not answer. Additionally, upon LPA's arrival on 4/02/2026, LPA
7	observed S2 to be walking around the neighborhood's curved sidewalk, away from the facility leaving all
8	three (3) residents alone. Further record review of S2's file revealed that S2's First Aid/
9	Cardiopulmonary Resuscitation (CPR) certification was expired (01/2026). LPA's interview with S1
10	revealed they would have to seek a new replacement for S2 due to them lacking the compression
11	needed to fulfill their position. When questioned if they could provide S2's proof of training via
12	documentation showcasing dates and hours of training completed, S1 could not provide LPA with the
13	information requested but instead a sheet dated 10/11/2025 with topics such as: Resident Personal
14	Right, Elder Abuse and Hand washing and Infection Control. The documentation provided documented
15	the length of training to be "2.5 hours". When questioned where the remainder of S2's training hours
16	were reflected via documentation showcasing dates and hours of training completed, again S1 could not
17	provide LPA with the information requested.
18	
19	Based on interviews, observations and record review, there is enough information to verify the
20	allegation. Therefore, the allegation is SUBSTANTIATED at this time.
21	
22	Regarding the allegation: Facility does not have adequate staffing. It was alleged that the facility had
23	failed to provide an appropriate level of supervision to ensure resident's needs are met. To investigate
24	the allegation, LPA conducted interviews with two (2) staff members. LPA's interview with S1 revealed
25	they arrive both mornings and evenings to assist with residents' medications. When questioned if they
26	could provide the LIC 500 Personnel Report showcasing staff and their schedule, S1 could not provide
27	LPA with the information requested. LPA's interview with S2 confirmed they are the only staff member
28	working. S2 stated they receive, "No Breaks". Additionally, upon LPA's arrival on 4/02/2026, LPA
29	observed S2 to be walking around the neighborhood's curved sidewalk, away from the facility leaving all
30	three (3) residents alone. During LPA's initial visit, LPA observed R3 to call out for assistance from their
31	room while both S1 and S2 were in the kitchen. LPA observed S1 to tell S2 to go assist R3. During LPA's
32	physical plant tour, LPA observed R3's bedroom to not have any auditory alarms to communicate when
	they need assistance. LPA's interview with S1 revealed they have not placed such alarms yet but would.
	(Continue to LIC 9099-C)

SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Angelica Segovia	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/15/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/15/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** TREASURE HERITAGE**FACILITY NUMBER:** 197609060**VISIT DATE:** 04/15/2026**NARRATIVE**

1 Based on interviews, record review and observations, there is enough information to verify the
2 allegation. Therefore, the allegation is SUBSTANTIATED at this time.
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4 Citations issued, please refer to LIC 9099-D.
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6 No other immediate health and safety issues observed during the day of the visit. Exit interview was
7 conducted, appeal rights given, and a copy of this report was provided to the Administrator.
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SUPERVISORS NAME: Troy Agard**LICENSING EVALUATOR NAME:** Angelica Segovia**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/15/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/15/2026

LIC9099 (FAS) - (06/04)

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Control Number 31-AS-20260323090432**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** TREASURE HERITAGE**FACILITY NUMBER:** 197609060**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 04/15/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/16/2026 Section Cited	1 87411 Personnel Requirements - 2 General (a) Facility personnel shall at 3 all times be sufficient in numbers, and 4 competent to provide the services	1 The Licensee/Administrator will review 2 the regulation and email LPA Segovia a 3 statement of understanding additionally 4 a copy of S2's renewed CPR by POC

CCR 87411(a)	5 6 7	necessary to meet resident needs. This requirement is not met evidence by:	5 6 7	due date. POC due date: 4/16/2026
	8 9 10 11 12 13 14	Based on interviews, record review and observations, S2's CPR is expired, training documentation could not be provided and LPA observed S2 to have left all (3) residents alone which poses an immediate health, safety or personal rights risk to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Troy Agard LICENSING EVALUATOR NAME: Angelica Segovia LICENSING EVALUATOR SIGNATURE:		DATE: 04/15/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 04/15/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
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ADMINISTRATOR:	OLOWOSAGBA, SUNDAY	FACILITY TYPE:	740
ADDRESS:	2049 KALLIOPE AVENUE	TELEPHONE:	(661) 886-8791
CITY:	LANCASTER	ZIP CODE:	93536
CAPACITY:	6	DATE:	04/15/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:30 AM
	CENSUS: 2	TIME COMPLETED:	12:50 PM
MET WITH:	Sunday Olowosagba- Administrator		

ALLEGATION(S):

1	Staff are mismanaging resident’s medication.
2	Facility is in violation of Fire Safety regulations.
3	Staff did not ensure facility was kept clean, safe and sanitary.
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INVESTIGATION FINDINGS:

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On 04/15/2026 at approximately 09:30 AM, Licensing Program Analyst (LPA), Angelica Segovia

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conducted an unannounced subsequent complaint visit to the facility. LPA was greeted by the

3

Administrator, Sunday Olowosagba and stated their reason for their visit was to deliver the findings of the

4

complaint.

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To investigate the allegation(s), on 04/02/2026 at approximately 10:30 AM, LPA conducted a physical

7

plant tour. By 11:00 AM, LPA requested relevant documentation. From 11:00 AM to 1:30 PM, LPA

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9

record review.

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11

(Continue to LIC 9099-C)

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Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Troy Agard

LICENSING EVALUATOR NAME: Angelica Segovia

LICENSING EVALUATOR SIGNATURE:

DATE: 04/15/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/15/2026

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LIC9099 (FAS) - (06/04)
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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: TREASURE HERITAGE

FACILITY NUMBER: 197609060
VISIT DATE: 04/15/2026

NARRATIVE

1 Regarding the allegation: **Staff are mismanaging resident's medication.** It was alleged that facility are
2 withholding R1's medication. To investigate the allegation, LPA attempted interviews with three (3)
3 residents and two (2) staff members. LPA's interview with R1 revealed they only care to take two (2) of
4 their medications due to them not knowing what their other medications are for. R1 stated that both S1
5 and S2 do not give them their medication upon their request and keep their medications locked away
6 with the other residents. R1 stated they can manage their own medication. LPA's interview with R2
7 revealed that they have had no issues with their medications being given to them. LPA attempted to
8 interview R3 but due to their inability to validate the questions being asked, LPA terminated the
9 interview.
10
11 LPA's interview with S1 revealed that they follow the physician's orders of R1's medication and R1 will
12 argue that they need more. S1 stated they were not aware of R1's addiction to their medication upon
13 their arrival to the facility. S1 stated they have tried to have R1 see their primary doctor but R1 refuses to
14 go. LPA conducted a record review of R1's medication. The medication in question was reviewed and
15 compared to the Medication Administration Records (MARs) from 3/1/2026 to 4/01/2026. LPA observed
16 the physician's orders to be prescribed as needed (PRN) and ordered to, "Take 1 tablet by mouth twice
17 daily as needed for pain. May take an additional 1 for breakthrough". LPA observed R1's MARs to have
18 morning, afternoon and evening listed for their medication pass. Additional record review of R1's
19 Physician's Report documented that they could not store their own medication and needed "supervision"
20 with medication administration. LPA's supplementary web search on 4/08/2026 of said medication was
21 reviewed to be, "...a controlled substance (Schedule II) with high risk of addiction, dependency..."
22
23 Further record review of R1's medication in question was filled on 3/13/2026 and was observed to have
24 been prescribed for a quantity of 75 pills. LPA's medication count conducted with S1 observed there to
25 be a remainder of 38 pills accounted for. LPA's review of R1's MARs (3/13/2026 to 4/01/2026)
26 accounted for 35 pills administered. R1's medication was not documented as taken for the afternoon
27 and evening of 4/01/2026. R1's medication was not documented as taken for the morning of 4/02/2026.
28 During LPA's physical plant tour, LPA observed R1's medication to be centrally stored within the locked
29 medication cabinet. LPA did not observe any discrepancy of R1's medication.
30
31 Based on interviews, record review and observation there is not enough information to verify the
32 allegation. Therefore, the allegation is UNSUBSTANTIATED at this time.

SUPERVISORS NAME: Troy Agard**LICENSING EVALUATOR NAME:** Angelica Segovia**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/15/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/15/2026

LIC9099 (FAS) - (06/04)

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Control Number 31-AS-20260323090432

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:** TREASURE HERITAGE**FACILITY NUMBER:** 197609060**VISIT DATE:** 04/15/2026**NARRATIVE**

1 Regarding the allegation: **Facility is in violation of Fire Safety regulations.** It was alleged that the fire
2 alarm pull station was not functioning. To investigate the allegation, LPA conducted a physical plant tour.
3 LPA observed two (2) fire extinguishers to be fully charged and dated 5/29/2025. LPA observed the fire
4 alarms to be interconnected. LPA along with S1 tested the alarms where LPA observed the alarms to be
5 working and in proper condition. LPA observed the carbon monoxide to be in proper condition. LPA
6 along with S1 tested the carbon monoxide and observed it to be working. LPA observed the fire alarm
7 pull station to be intact with business cards located on top of the alarm with electrical contractor's
8 information. Additional record review of the facility's Emergency Disaster Plan revealed S1 had reviewed
9 and updated the plan on 2/14/2026. LPA reviewed the plan to entail emergency names and telephone
10 numbers such as: Fire Department and Ambulance/Paramedics.

11
12 Based on observations and record review, the facility's fire alarms/carbon monoxide and fire
13 extinguishers were observed to be working and in proper condition. Therefore, the allegation is
14 UNSUBSTANTIATED at this time.

15
16 Regarding the allegation: **Staff did not ensure facility was kept clean, safe and sanitary.** It was
17 alleged the facility did not have adequate pest control. To investigate the allegation, LPA conducted
18 interviews with two (2) residents and one (1) staff member. LPA's interview with both residents confirmed
19 the facility has not had any issues with pest such as roaches or rats. During LPA's physical plant tour,
20 LPA observed the facility to be in proper condition. LPA did not observe any pest. However, LPA did
21 observe R1's bedroom to appear unorganized with an odor omitting from said quarters. LPA's interview
22 with R1 revealed they do not like the staff entering their room nor do they allow the staff to clean their
23 room. LPA's interview with R2 correlated R1's interview. LPA's interview with S1 confirmed R1 has made
24 it difficult for staff to clean and maintain R1's bedroom within compliance.

25
26 Based on interviews and observations, the facility was not observed to have any pest and R1's
27 confirmation of not allowing staff to clean their room, therefore the allegation is UNSUBSTANTIATED at
28 this time.

29
30 No immediate health and safety issues observed during the day of the visit. Exit interview was
31 conducted and a copy of this report was provided to the Administrator.
32

SUPERVISORS NAME: Troy Agard**LICENSING EVALUATOR NAME:** Angelica Segovia**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/15/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/15/2026

LIC9099 (FAS) - (06/04)

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