

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609076
Report Date: 08/19/2026
Date Signed: 08/19/2026 12:52:11 PM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 03/24/2025 and conducted by Evaluator Mariana Agban

	COMPLAINT CONTROL NUMBER: 31-AS-20250324142530
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FACILITY NAME: MELROSE VILLAS		FACILITY NUMBER: 197609076
ADMINISTRATOR: VERGARA, KANDICE		FACILITY TYPE: 740
ADDRESS: 823 N POINSETTIA PLACE		TELEPHONE: (323) 746-7840
CITY: LOS ANGELES	STATE: CA	ZIP CODE: 90046
CAPACITY: 68	CENSUS: 53	DATE: 08/19/2026
MET WITH: Darkis Giron		UNANNOUNCED TIME BEGAN: 10:30 AM
		TIME COMPLETED: 01:10 PM

ALLEGATION(S):

1	Resident sustained injuries due to neglect
2	Staff mismanaged Resident's medication
3	Staff did not provide care in a timely manner
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Mariana Agban conducted an unannounced subsequent complaint visit
2	for the above allegations. LPA arrived and was greeted by the receptionist and met with the Administrator
3	Designee Darkis Giron.
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5	Regarding the Allegation: Resident Sustained Injuries Due to Neglect
6	It is alleged that on or around March 16, 2025, Resident 1 (R1) sustained injuries as a result of a fall.
7	Interview with the Administrator, Candis Allen, revealed that she was hired as the Administrator after the
8	alleged incident and was not aware of any incidents involving R1. LPA interviewed five (5) staff members
9	and seven (7) residents; however, none of the individuals interviewed were able to verify the allegation.
10	LPA also reviewed all Special Incident Reports (SIRs) for March 2025 and was unable to confirm that the
11	alleged incident occurred. Based on the information obtained through interviews and record review, there
12	is insufficient evidence to verify the allegation. Therefore, the allegation is deemed UNSUBSTANTIATED
13	at this time. (Continue on 9099C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Mary G Flores	
LICENSING EVALUATOR NAME: Mariana Agban	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/19/2026

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 2
Control Number 31-AS-20250324142530

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: MELROSE VILLAS	FACILITY NUMBER: 197609076
	VISIT DATE: 08/19/2026

NARRATIVE	
1	Regarding the Allegation: Staff Mismanaged Resident's Medication
2	It is alleged that R1 developed liver damage that may have been caused by medication administered by
3	facility staff. It is also alleged that R1 may have received an incorrect medication or dosage. Interview
4	with the Administrator revealed that medications are administered as prescribed and at the correct
5	dosage. Interviews with seven (7) residents confirmed that medications are administered as prescribed
6	by their physicians. Interview with Staff 2 (S2) revealed that staff are not permitted to change medication
7	dosages or administer medications without a physician's order. LPA reviewed R1's medication records
8	and found that R1's medications were administered as prescribed and documented accordingly. Based
9	on the information obtained through interviews and record review, there is insufficient evidence to verify
10	the allegation. Therefore, the allegation is deemed UNSUBSTANTIATED at this time.
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12	Regarding the Allegation: Staff Did Not Provide Care in a Timely Manner
13	It is alleged that R1 fell and called for staff assistance; however, staff did not respond to R1's room.
14	Interviews with the Administrator and five (5) staff members revealed that the facility's protocol is to
15	check on residents every two (2) hours. Staff also reported that some residents receive checks every
16	one (1) hour based on their individual needs. Additionally, LPA conducted a random test of the
17	emergency call button at 12:08 p.m. A caregiver responded to the call at 12:09 p.m. Interviews with six
18	(6) residents confirmed that staff provide care and assistance in a timely manner. Based on the
19	information obtained through interviews, there is insufficient evidence to verify the allegation. Therefore,
20	the allegation is deemed UNSUBSTANTIATED at this time.
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22	Exit interview conducted, copy of this report signed and delivered.
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SUPERVISORS NAME: Mary G Flores	
LICENSING EVALUATOR NAME: Mariana Agban	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/19/2026