

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609103

Report Date: 01/29/2026

Date Signed: 02/03/2026 08:43:34 AM

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 **01/26/2026** and conducted by Evaluator Perchui Khurshudyan

	COMPLAINT CONTROL NUMBER: 31-AS-20260126093805
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FACILITY NAME: HOLLYWOOD HILLS SENIOR LIVING	FACILITY NUMBER: 197609103
ADMINISTRATOR: VANESSA JEWELL	FACILITY TYPE: 740
ADDRESS: 1745 N GRAMERCY PLACE	TELEPHONE: (323) 994-6700
CITY: LOS ANGELES	STATE: CA
CAPACITY: 120	ZIP CODE: 90028
	CENSUS: 67
	DATE: 01/29/2026
MET WITH: Brittney Buchannan - Executive Director (ED)	UNANNOUNCED TIME BEGAN: 09:45 AM
	TIME COMPLETED: 03:20 PM

ALLEGATION(S):

1	Staff did not ensure residents received their medication in a timely manner
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INVESTIGATION FINDINGS:

1	On 1/29/26 Licensing Program Analyst (LPA) Perchui Milena Khurshudyan conducted an initial 10-day complaint visit to investigate the above allegation. Upon arrival, LPA introduced herself at concierge –
2	Pattie Reyes, then met with the Business Office Manager (BOM) Dannisha Beavers and explained the
3	reason for the visit. Entrance interview conducted.
4	
5	
6	At 10:00am, LPA requested residents and staff rosters. LPA also requested copies of pertinent
7	information which include but are not limited to R1's Physician's report, Admission Agreement, Appraisal
8	Needs and Services Plan, copy of facility staff shift schedules. Facility Program design: Medication
9	Policy, and additional documents relevant to the investigation.
10	At approximately 1:25pm, LPA conducted a physical plant tour of the entire facility including the
11	Medication room to ensure health and safety of the residents are protected. LPA did not observe any
12	immediate health and safety issues.
13	Continue on LIC9099-C

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Perchui Khurshudyan
LICENSING EVALUATOR SIGNATURE:

DATE: 01/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/29/2026

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-20260126093805

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: HOLLYWOOD HILLS SENIOR LIVING

FACILITY NUMBER: 197609103

VISIT DATE: 01/29/2026

NARRATIVE

1 **Allegation: Staff did not ensure residents received their medication in a timely manner.**

2
3 It was alleged that facility staff failed to ensure residents received their medications in a timely manner.
4 The Reporting Party (RP) stated that on 1/25/26, the facility had no Medication Technicians (Med-techs)
5 on duty throughout the day, resulting in medications being administered at approximately 5:52 p.m. RP
6 further reported that residents did not receive their scheduled morning and afternoon medications and
7 that staff were overworked and working double shifts.

8
9 To investigate the allegation, the Licensing Program Analyst (LPA) conducted a review of facility records
10 and interviewed the Executive Director (ED), Business Office Manager (BOM), two Med-techs, and eight
11 (8) residents. During the interview, the ED confirmed that on 1/25/26, there was a staffing conflict and a
12 staff call-out for the Assisted Living (AL) unit's morning Medication Technician (MT) shift. This resulted in
13 a delay in administering morning medications. The ED also stated that Resident 1 (R1) did not receive
14 their morning medication because the delayed administration time was too close to the scheduled
15 afternoon medication pass, making it unsafe to administer both.

16
17 Interviews with the Med-techs confirmed that no MT had been scheduled to cover the AL unit for the
18 morning shift on 1/25/26. Med-techs reported that an MT from the Memory Care Unit (MCU) was
19 eventually called to assist with AL medication administration; however, by the time coverage was
20 arranged, there was insufficient time to administer medications to one resident due to the proximity of
21 the afternoon medication schedule.

22
23 LPA interviewed eight (8) out of sixty-seven (67) residents regarding their medication experience on
24 1/25/26. Two (2) out of eight (8) residents, including R1, confirmed they did not receive their morning
25 medications on 1/25/26. The remaining six out of eight residents reported having no issues with their
26 medications and stated they had never missed a dose.

27
28 LPA reviewed the staff schedule for 1/25/26 and verified that MT had been assigned to the AL morning
29 shift, however the call out resulted in a lack of timely medication coverage. LPA also reviewed residents'
30 Medication Administration Records (MARs) for that date and confirmed that R1's morning medications
31 were not initialed or documented as administered. Additionally, LPA reviewed the unusual incident report
32 submitted to CCLD on 1/29/26, which documented the missed medication.

Continue on LIC9099-C

SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Perchui Khurshudyan
LICENSING EVALUATOR SIGNATURE:

DATE: 01/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/29/2026

LIC9099 (FAS) - (06/04)

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Control Number 31-AS-20260126093805

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** HOLLYWOOD HILLS SENIOR LIVING**FACILITY NUMBER:** 197609103**VISIT DATE:** 01/29/2026**NARRATIVE**

1 Throughout the investigation, LPA evaluated the facility's medication procedures, staffing practices, and
2 documentation protocols. LPA also discussed medication administration expectations with facility staff.
3 Based on interviews and record review, it was determined that the facility did not ensure R1 received
4 their medication in a timely manner on 1/25/26 due to inadequate staffing coverage and delayed
5 medication administration.
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7 Therefore, the allegation is SUBSTANTIATED.
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9 A deficiency issued during today's visit, see LIC9099-D
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11 Exit interview conducted, appeal rights explained, and a copy of this report signed and delivered.
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SUPERVISORS NAME: Nichelle Gillyard**LICENSING EVALUATOR NAME:** Perchui Khurshudyan**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/29/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/29/2026

LIC9099 (FAS) - (06/04)

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Control Number 31-AS-20260126093805**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** HOLLYWOOD HILLS SENIOR LIVING**FACILITY NUMBER:** 197609103**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 01/29/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/29/2026 Section Cited	1 87465- Incidental Medical and Dental 2 Care: c) If the resident's physician has 3 stated in writing... 2) Once ordered by 4 the physician the medication is given	1 LPA reviewed the staff roster and 2 confirmed that the facility has coverage 3 for all three shifts, seven days a week. 4 LPA was also informed that the facility

CCR 87465(c)(2)	5 6 7 according to the physician's directions. This requirement is not met as evidenced by:	5 6 7 is in the process of hiring additional staff and will submit an updated roster once the new employees are onboarded.
	8 9 10 11 12 13 14 Based on interviews and medication records review, licensee did not comply with the section above by not assuring that R1 and R2 prescribed medications were administered in a timely manner as prescribed. This poses an immediate health and safety risk to residents in care.	8 9 10 11 12 13 14 During today's visit LPA cleared the deficiency.
	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: Nichelle Gillyard LICENSING EVALUATOR NAME: Perchui Khurshudyan LICENSING EVALUATOR SIGNATURE:		DATE: 01/29/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 01/29/2026