

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609105
Report Date: 02/19/2026
Date Signed: 02/19/2026 01:57:15 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 **02/11/2026** and conducted by Evaluator Raymond Comer

	COMPLAINT CONTROL NUMBER: 31-AS-20260211143028
--	---

FACILITY NAME: GRANDVIEW, THE	FACILITY NUMBER: 197609105
ADMINISTRATOR: FLORES, YENI	FACILITY TYPE: 740
ADDRESS: 2211 W 6TH STREET	TELEPHONE: (213) 380-7000
CITY: LOS ANGELES	ZIP CODE: 90057
CAPACITY: 215	DATE: 02/19/2026
MET WITH: Yeni Flores-Administraton	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1	Staff did not prevent residents from engaging in a verbal altercation.
2	Staff did not prevent a resident from hitting another resident with an object resulting in injury.
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On Thursday, 2/19/26, Licensing Program Analyst (LPA) Raymond Comer, conducted an unannounced
2	initial complaint visit to the facility. LPA met the Administrator, presented official CDSS badge
3	identification, and reason for the visit was disclosed.
4	
5	At 9:45 am, LPA conducted a physical plant tour; no health and safety issues were observed.
6	
7	To investigate the allegation, LPA received facility resident roster, staff roster. Between 10:00 am, and
8	10:30 am, LPA observed surveillance camera recordings of the outdoor courtyard commons area.
9	Between 10:45 am, and 12:50 pm, LPA conducted interviews with the Administrator, Residents, and
10	Staff. Between 1:00 pm, and 1:30 pm, LPA reviewed files relevant to the investigation. Prior to this visit,
11	LPA reviewed Licensing records, including incident reports submitted by the facility.
12	
13	LIC 9099C] Continued-

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Raymond Comer
LICENSING EVALUATOR SIGNATURE:

DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/19/2026

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-20260211143028

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: GRANDVIEW, THE

FACILITY NUMBER: 197609105

VISIT DATE: 02/19/2026

NARRATIVE

- 1 Allegation: Staff did not prevent residents from engaging in a verbal altercation.
2 Allegation: Staff did not prevent a resident from hitting another resident with an object, resulting in injury.
3
4 LPA conducted an interview with the RP, which revealed the following: Per the RP, R1 reported to their
5 Primary Care Physician (PCP) that R2 slapped R1 in the face, attempted to grab R1's clothing in the
6 torso area, and pulled R1's hair. Although the allegation states that "lack of supervision" resulted in R1
7 being assaulted by R2, the RP states that R1 did not report any supervision issues to either the RP, nor
8 R1's PCP.
9 LPA conducted interviews with the Administrator, and Staff, which revealed the following: The incident
10 occurred on the morning of 7/10/25, around 9:00 am. Both administrator and staff state that an
11 argument was heard between R1 and R2 coming from their shared bedroom. The Administrator denies
12 that "lack of supervision" was a factor in the incident. This incident was the first time that interactions
13 between R1 and R2 resulted in any physically aggressive action. R1 has a history of confusion, but has
14 never acted in an aggressive manner. Per Administrator, and Staff, R2 prefers to stay in their room most
15 of the day reading and watching television. R2 does not socialize amongst the community, is easily
16 provoked to react with verbal insults, but has no history of being aggressive towards either residents or
17 staff.
18 Per the Administrator, and Staff, R1 and R2 were heard arguing, prior to any physical altercation, and
19 staff immediately attempted to de-escalate the situation. It was at this time that R2 suddenly reacted,
20 slapping R1. According to both the Administrator, and Staff, neither residents sustained any injuries
21 during the conflict. Per Admin, R1 has been moved to a different bedroom and assigned a new resident
22 roommate.
23
24 LPA conducted interviews with ten residents. Nine (9) out of ten (10) residents could not confirm the
25 allegation that lack of supervision resulted in physical assault committed between residents.
26
27 Although there was an altercation between R1 and R2, leading to R2 striking R1, there is not
28 corroborating evidence to support the allegation, as staff were present to intervene and redirect both
29 residents. Moreover, licensee did submit an Incident Report (IR) to the Licensing agency regarding the
30 incident.
31
32 Therefore, based on the information obtained, **the allegation is deemed Unsubstantiated at this time.**

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Raymond Comer
LICENSING EVALUATOR SIGNATURE:

DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/19/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 2