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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609105
Report Date: 07/15/2026
Date Signed: 07/15/2026 12:39:49 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/07/2026** and conducted by Evaluator Angelica Segovia

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20260707081644

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	**STATE:** CA		**ZIP CODE:**	90057
CAPACITY:	215	**CENSUS:** 153		**DATE:**	07/15/2026
		UNANNOUNCED		**TIME BEGAN:**	09:30 AM
MET WITH:	Yeni Flores- Administrator			**TIME COMPLETED:**	01:00 PM

ALLEGATION(S):

1	Resident fell sustaining multiple bruises due to staff neglect.
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INVESTIGATION FINDINGS:

1	On 7/15/2026 at approximately 9:30 AM, Licensing Program Analyst (LPA) Angelica Segovia conducted
2	an unannounced initial complaint visit to the facility. LPA was greeted by the Administrator, Yeni Flores
3	and stated the reason for their visit.
4	
5	To investigate the allegation(s), at approximately 10:00 AM, LPA conducted a physical plant tour. By
6	10:30 AM, LPA requested relevant documentation such as but not limited to: Unusual Incident/Injury
7	Report (SIR), Physician's Report, Needs/Services, and Pre-Appraisal. From 10:30 AM to 12:30 PM, LPA
8	attempted to interview one (1) resident (R1), seven (7) staff members (S1-S7), and conducted record
9	review.
10	
11	(Continue to LIC 9099-C)
12	
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Troy Agard
LICENSING EVALUATOR NAME: Angelica Segovia
LICENSING EVALUATOR SIGNATURE:
DATE: 07/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/15/2026

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

Control Number 31-AS-20260707081644

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250
WOODLAND HILLS, CA 91364

FACILITY NAME: GRANDVIEW, THE **FACILITY NUMBER:** 197609105
VISIT DATE: 07/15/2026

NARRATIVE

Regarding the allegation: **Resident fell sustaining multiple bruises due to staff neglect.** It was alleged R1 fell resulting in bruising due to staff neglect. To investigate the allegation, LPA attempted interviews with one (1) resident and seven (7) staff members. LPA attempted to interview R1, but they were not present during LPA's visit. S1 informed LPA, R1 has not returned from the hospital due to them seeking a new placement. LPA's interview with six (6) of the seven (7) staff members revealed they did not witness nor were they made aware R1 to have fallen on 6/27/2026. Further interview with all seven (7) staff members confirmed if a resident were to fall, they are to be assisted if able and the fall is to be reported.

LPA's interview with S1 revealed that R1 had not disclosed to them that they had fallen. Per S1, they were made aware of R1's bruising by R1's family member on 7/02/2026. S1 stated once they became aware of R1's alleged fall and bruising they sent them to the hospital that same day on 7/02/2026. Additionally, S1 took photos of R1's injuries which LPA was shown and verified.

During LPA's record review, LPA observed the facility had self-reported the alleged incident on 7/03/2026 to their assigned LPA at Community Care Licensing Division (CCLD). Further record review of R1's Physician's Report revealed R1 was independent in their Activities of Daily Living (ADLs) such as: Bathing, grooming, feeding, and toileting needs. R1's Physician's Report revealed R1 to have various diagnosis. LPA's web search of said diagnosis revealed the following: "patients frequently experience bruising, including under their arms. This is commonly caused by the use of blood thinners (like heparin) during treatments, skin fragility, and the natural blood-clotting issues associated with kidney disease". LPA's record review of R1's Medication Sheet confirmed R1 to be on blood thinner medication.

During LPA's physical plant tour, LPA observed the dining area to have two (2) surveillance cameras. However, when LPA attempted to review the footage of 6/27/2026, the video surveillance did not have said footage available. Per S1, the facilities cameras are not set up to store footage past a certain allocated timeframe. LPA's tour of R1's bedroom revealed the room to be free of tripping hazards in the walkways and bathroom. During LPA's physical plant tour, LPA observed a variety of staff to be present and assisting residents. LPA observed both floors of residents' living quarters to be clean and free from tripping hazards.

Based on interviews, record review, and observations there is not enough information to verify the allegation. Therefore, the allegation is UNSUBSTANTIATED at this time.

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

SUPERVISORS NAME: Troy Agard
LICENSING EVALUATOR NAME: Angelica Segovia
LICENSING EVALUATOR SIGNATURE:
DATE: 07/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/15/2026