

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609311
Report Date: 08/20/2025
Date Signed: 08/20/2025 04:41:47 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/12/2025** and conducted by Evaluator Socorro Leandro

	COMPLAINT CONTROL NUMBER: 11-AS-20250812124332
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FACILITY NAME: WATERMARK AT BEVERLY HILLS, THE	FACILITY NUMBER: 197609311
ADMINISTRATOR: JAMES HOWLAND	FACILITY TYPE: 740
ADDRESS: 220 N CLARK DRIVE	TELEPHONE: (310) 860-9234
CITY: BEVERLY HILLS	ZIP CODE: 90211
CAPACITY: 75	DATE: 08/20/2025
	UNANNOUNCED TIME BEGAN: 10:30 AM
MET WITH: Executive Director - Blasia Lee-Lole	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Staff do not provide adequate food service to residents in care.
2	Facility staff do not ensure the facility is clean.
3	Facility staff do not ensure the facility is free of pest.
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INVESTIGATION FINDINGS:

1	On 08/20/2025, Licensing Program Analyst (LPA) Socorro Leandro conducted a subsequent complaint
2	investigation regarding the allegations listed above. LPA met with the Executive Director, Blasia Lee-Lole
3	and the purpose of the visit was explained. The LPA was allowed entry to the facility.
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5	The investigation consisted of the following:
6	On 08/20/2025, interviews were conducted, facility tour was conducted, and records were reviewed.
7	Interviews conducted consisted of Resident 1 (R1) to Resident 6 (R6) and Staff 1 (S1) to Staff 8 (S8)
8	were interviewed. Facility tour consisted of the first to the fifth floor which included resident apartments,
9	kitchen, dining room, and communal spaces. Records reviewed consisted of Personnel Report dated
10	6/25/2025, Resident Roster dated 08/14/2025, Housekeeping Room Schedule dated 05/07/2025, Skilled
11	Inventory Report (e.g. Trainings) for Dining Services dated 08/20/2025, ServSafe Certifications for dining
12	staff, Fumigation records from 02/05/2025 to 07/21/2025.
13	

Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel
NAME OF LICENSING PROGRAM ANALYST: Socorro Leandro
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 08/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 08/20/2025

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 3
Control Number 11-AS-20250812124332

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
**COMPLAINT INVESTIGATION REPORT
(Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

FACILITY NAME: WATERMARK AT BEVERLY HILLS, THE **FACILITY NUMBER:** 197609311
VISIT DATE: 08/20/2025

NARRATIVE

1 Allegation: "Staff do not provide adequate food service to residents in care", it is
2 being alleged that hair has been found in residents meals and that food trays are
3 unclean. Interviews conducted with R1 to R6 revealed the following: 6 out of 6
4 residents denied the allegation. Interviews conducted with S1 to S8 revealed the
5 following: 8 out of 8 staff denied the allegation. Observations in the dining room
6 during lunch time on 08/20/2025 revealed the following: no hair was observed in
7 residents' meals; food trays, plates, and kitchen utensils were clean. Records
8 reviewed of dining room staff revealed the following: all dining room staff have dining
9 services trainings; all cooks have ServSafe Certificates and the majority of dining
10 room staff have ServSafe Certificates except for new hires. Based on the
11 department's interviews, observations, and records reviewed this allegation is
12 unsubstantiated. Unsubstantiated: Although the allegation may have happened or is
13 valid, there is not a preponderance of evidence to prove the alleged violation did or
14 did not occur, therefore the allegation is unsubstantiated.
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19 Allegation: "Facility staff do not ensure the facility is clean", it is being alleged that
20 the facility has a moldy smell, resident rooms and the dining room is not sanitary.
21 Interviews conducted with R1 to R6 revealed the following: 6 out of 6 residents
22 denied the allegation. Interviews conducted with S1 to S8 revealed the following: 8
23 out of 8 staff denied the allegation. Observations during the facility tour on
24 08/20/2025 revealed the following: 6 resident apartments were clean and sanitary;
25 the dining room was clean and sanitary (including dining tables, chairs, and
26 utensils); communal rooms/spaces such as the theater, front lobby were clean and
27 sanitary; the facility did not have a moldy smell and/or smell. Records reviewed of
28 Housekeeping Room Schedule dated 05/07/2025 revealed the following: each
29 housekeeper has their personalized weekly schedule which includes resident
30 apartments. Based on the department's interviews, observations, and records
31 reviewed this allegation is unsubstantiated. Unsubstantiated: Although the allegation
32 may have happened or is valid, there is not a preponderance of evidence to prove
the alleged violation did or did not occur, therefore the allegation is unsubstantiated.

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel
NAME OF LICENSING PROGRAM ANALYST: Socorro Leandro
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 08/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 08/20/2025

Control Number 11-AS-20250812124332

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
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FACILITY NAME: WATERMARK AT BEVERLY HILLS, THE

FACILITY NUMBER: 197609311

VISIT DATE: 08/20/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Allegation: "Facility staff do not ensure the facility is free of pest." Interviews conducted with R1 to R6 revealed the following: 6 out of 6 residents denied the allegation. Interviews conducted with S1 to S8 revealed the following: 8 out of 8 staff denied the allegation. Observations during the facility tour on 08/20/2025 revealed the following: there were no pest observed inside the facility. Records reviewed of Fumigation records from 02/05/2025 to 07/21/2025 revealed the following: the receives services three times a month to once a month; Fumigation record dated 07/21/2025 indicated that pest activity was not found. Based on the department's interviews, observations, and records reviewed this allegation is unsubstantiated. Unsubstantiated: Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated.</p> <p>No deficiencies were provided.</p> <p>An exit interview was conducted, and a copy of this report was left with the Executive Director, Blasia Lee-Lole.</p>

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel	
NAME OF LICENSING PROGRAM ANALYST: Socorro Leandro	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/20/2025
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