

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609720
Report Date: 06/15/2026
Date Signed: 06/15/2026 11:42:05 AM

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 **06/12/2026** and conducted by Evaluator Angelica Segovia

PUBLIC		COMPLAINT CONTROL NUMBER: 31-AS-20260612103620	
FACILITY NAME: HAVENS AT ANTELOPE VALLEY ASSISTED LIVING, THE		FACILITY NUMBER: 197609720	
ADMINISTRATOR:PENDA E HODGES		FACILITY TYPE: 740	
ADDRESS: 43051 15TH SREET WEST		TELEPHONE: (661) 723-8525	
CITY: LANCASTER		ZIP CODE: 93534	
CAPACITY: 115		DATE: 06/15/2026	
		UNANNOUNCEDTIME BEGAN: 09:30 AM	
MET WITH: Penda Hodges- Administrator		TIME COMPLETED: 12:00 PM	

ALLEGATION(S):

1	Staff did not prevent outbreak of scabies.
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INVESTIGATION FINDINGS:

1	On 6/15/2026 at approximately 9:30 AM, Licensing Program Analyst (LPA) Angelica Segovia conducted an unannounced initial complaint visit to the facility. LPA was greeted by the Administrator, Penda Hodges and stated the reason for their visit.
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5	To investigate the allegation(s), at approximately 09:40 AM, LPA requested relevant documentation such as but not limited to: Physician's Report, Hospice documentation, and Los Angeles Public Health documentation. By 10:00 AM, LPA conducted a physical plant tour. From 10:00 AM to 12:00 PM, LPA attempted interviews with one (1) resident (R1), two (2) staff members (S1-S2) and conducted record review.
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10	(continue to LIC 9099-C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Angelica Segovia	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/15/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/15/2026

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 3
Control Number 31-AS-20260612103620

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: HAVENS AT ANTELOPE VALLEY ASSISTED LIVING, THE	FACILITY NUMBER: 197609720
VISIT DATE: 06/15/2026	

NARRATIVE	
1	Regarding the allegation: Staff did not prevent outbreak of scabies. It was alleged staff did not
2	prevent the outbreak of scabies within the facility due to negligence. To investigate the allegation, LPA
3	attempted to interview one (1) resident and two (2) staff members. LPA's interview with S2 revealed
4	once the facility became aware of the possible exposure, infection control protocols were implemented.
5	S2 stated no other residents tested positive for scabies nor showcased any indication of said infection
6	including R1. LPA attempted to interview R1, but they have since passed due to their terminal condition
7	and not related to the investigation. LPA attempted to interview S1, but they were not present during
8	LPA's visit.
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10	LPA's supplementary record review of the facility's history revealed on 5/04/2026, the facility self-
11	reported possible exposure of scabies along with an Unusual Incident/Injury Report (SIR). Per LPA's
12	conversation with S1 the following was documented:
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15	On 5/04/2026 LPA Segovia received a call from Latanya Jules Operations Specialist, Staff one
16	(S1) regarding the incident report that was submitted to CCLD. Per S1, multiple staff members
17	reported, "dermatologic symptoms consistent with scabies exposure". All staff members exposed
18	were placed on leave pending further testing. They stated a resident (R1) who may have been
19	exposed was isolated for precautionary reasons until testing was completed with results given.
20	Results did not come back positive for scabies.
21	Per incident report and S1 the Los Angeles County Public Health was contacted. S1 stated
22	infectious control plans were implemented along with staff training.
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24	LPA's record review of R1's Hospice Visit Chart log documented on 5/01/2026, R1 was observed to
25	have, "...rash present to abdomen and bilateral arms...Skin remains intact with no open areas, drainage
26	or signs of infection..." Further record review of R1's Hospice Visit Chart log revealed, "Nurse reported
27	receiving communication...of possible scabies concern by care staff...new orders were received for a
28	one-time treatment to rule out scabies...Resident has been placed on contact precautions..."
29	Additionally, LPA confirmed the following precautions taken by the facility: In-service training regarding
30	infectious control, correspondences between the facility and Los Angeles Public Health regarding the
31	possible exposure (ID#319), pre-cautionary exposure containment for both R1 and staff.
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(Continue to LIC 9099-C)	

SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Angelica Segovia	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/15/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/15/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** HAVENS AT ANTELOPE VALLEY
ASSISTED LIVING, THE**FACILITY NUMBER:** 197609720**VISIT DATE:** 06/15/2026**NARRATIVE**

1 Additional record review of R1's Physician's Report dated 3/29/2026 revealed R1 to have various
2 diagnosis which caused rashes. Per the Physician's Report, "...ongoing generalized rash..."
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4 Based on interviews and record review, the facility implemented infectious control procedures and self-
5 reported to the corresponding agencies per regulations. Additionally, R1 never tested positive for said
6 infection, therefore the allegation is UNSUBSTANTIATED at this time.
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8 No immediate health and safety issues observed during the day of the visit. Exit interview was
9 conducted and a copy of this report was provided to the Administrator.
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SUPERVISORS NAME: Troy Agard**LICENSING EVALUATOR NAME:** Angelica Segovia**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/15/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/15/2026