

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610032
Report Date: 02/11/2026
Date Signed: 02/11/2026 02:13:34 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 **01/30/2026** and conducted by Evaluator Angelica Segovia

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20260130085310
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FACILITY NAME: LEISURE GARDEN SENIOR ASSISTED LIVING FACILITY	FACILITY NUMBER: 197610032
ADMINISTRATOR: CRYSTAL BARRIENTOS	FACILITY TYPE: 740
ADDRESS: 44523 15TH STREET WEST	TELEPHONE: (661) 941-4578
CITY: LANCASTER	ZIP CODE: 93534
CAPACITY: 157	DATE: 02/11/2026
MET WITH: Crystal Barrientos-Administrator	UNANNOUNCED TIME BEGAN: 01:52 PM
	TIME COMPLETED: 02:30 PM

ALLEGATION(S):

1	Facility staff withholds resident's personal funds.
2	Facility staff hit resident with a trash can.
3	Facility staff do not safeguard resident's personal items.
4	Facility staff do not treat resident with respect.
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INVESTIGATION FINDINGS:

1	On 2/11/2026 at approximately 9:30 AM, Licensing Program Analyst (LPA) Angelica Segovia conducted an unannounced subsequent complaint visit to the facility. LPA was greeted by the Administrator, Crystal Barrientos and stated the reason for their visit.
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5	To investigate the allegation(s), at approximately 09:30 AM, LPA conducted a physical plant tour. By 10:00 AM, LPA requested relevant documentation. From 10:00 AM to 02:00 PM, LPA attempted interviews with thirteen (13) residents (R1-R13), two (2) staff member (S1-S2) and conducted record review.
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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: 02/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/11/2026

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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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: LEISURE GARDEN SENIOR ASSISTED LIVING FACILITY

FACILITY NUMBER: 197610032

VISIT DATE: 02/11/2026

NARRATIVE

1 Regarding the allegation: **Facility staff withholds resident's personal funds.** It was alleged that S2
2 are withholding R1's money. To investigate the allegation, LPA attempted to interview one (1) resident
3 and two (2) staff members. LPA's interview with S1 revealed that R1 receives their income from the
4 Social Security Administration which covers such aspects as rent and then what is left over is given to
5 them to spend how they choose. LPA attempted to interview S2, but they were not present during LPA's
6 visit. LPA attempted to interview R1 but due to their inability to validate the questions being asked, LPA
7 terminated the interview. LPA's record review of R1's Record of Client's/Resident's Safeguard Cash
8 Resources (SCR) confirmed R1, receives their Social Security Administration check where they then
9 sign off monthly for their cash balances. LPA's review of R1's SCR did not reveal any discrepancy.
10

11 Based on interviews and record review, there is not enough information to verify the allegation.
12 Therefore, the allegation is UNSUBSTANTIATED at this time.
13

14 Regarding the allegation: **Facility staff hit resident with a trash can.** It was alleged that staff hit R1
15 with a trashcan. To investigate the allegation, LPA conducted interviews with twelve (12) residents and
16 one (1) staff member. LPA's interview with all twelve (12) residents revealed that staff have never hit
17 them with a trashcan nor have they witnessed other residents being struck by a trashcan. LPA's
18 interview with S1 revealed that R1 was the one who struck a staff member with a trashcan due to a
19 behavioral episode and no injuries were notated. LPA's record review of R1's Physician's Report
20 revealed R1 to be diagnosed with various medical conditions. LPA's web search of said conditions
21 revealed symptoms related to diagnosis to cause a, "...detachment of reality through hallucinations".
22

23 Based on interviews and record review, there is not enough information to verify the allegation.
24 Therefore, the allegation is UNSUBSTANTIATED at this time.
25

26 Regarding the allegation: **Facility staff do not safeguard resident's personal items.** It was alleged
27 that staff are not safeguarding R1's personal belongings. To investigate the allegation, LPA interviewed
28 one (1) staff member. LPA's interview with S1 revealed R1 did not arrive to the facility with any valuable
29 personal belongings. LPA's record review of R1's Safeguard of Personal Property/Valuables (SPV)
30 confirmed R1 did not have any belongings to be listed.
31

32 Based on interviews and record review, there is not enough information to verify the allegation.
Therefore, the allegation is UNSUBSTANTIATED at this time. (Continue to LIC 9099-C)

SUPERVISORS NAME: Troy Agard
LICENSING EVALUATOR NAME: Angelica Segovia
LICENSING EVALUATOR SIGNATURE:

DATE: 02/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/11/2026

LIC9099 (FAS) - (06/04)

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Control Number 31-AS-20260130085310

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: LEISURE GARDEN SENIOR ASSISTED LIVING FACILITY

FACILITY NUMBER: 197610032

VISIT DATE: 02/11/2026

NARRATIVE

1 Regarding the allegation: **Facility staff do not treat resident with respect.** It was alleged staff are
 2 treating R1 disrespectfully. To investigate the allegation, LPA conducted interviews with twelve (12)
 3 residents. LPA's interview with all residents confirmed that staff have not treated them disrespectfully nor
 4 have they witnessed it to have been done to others. During LPA's visit, LPA observed various staff
 5 members interacting with residents including R1. LPA did not observe staff treating residents without
 6 respect. LPA did not observe residents to appear distressed. LPA observed R1 to be laughing with staff.
 7
 8 Based on interviews and observations, there is not enough information to verify the allegation.
 9 Therefore, the allegation is UNSUBSTANTIATED at this time.
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 11 No immediate health and safety issues observed during the day of the visit. Exit interview was
 12 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: 02/11/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 02/11/2026