

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610286
Report Date: 07/21/2026
Date Signed: 07/21/2026 04:42:32 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 **02/18/2026** and conducted by Evaluator Evelin Rios

	COMPLAINT CONTROL NUMBER: 31-AS-20260218185246
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FACILITY NAME:	PALM VISTA SENIOR LIVING	FACILITY NUMBER:	197610286
ADMINISTRATOR:	MONTALVO, STUART	FACILITY TYPE:	740
ADDRESS:	3850 WEST RANCHO VISTA BLVD	TELEPHONE:	(661) 202-3999
CITY:	PALMDALE	ZIP CODE:	93551
CAPACITY:	115	DATE:	07/21/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	02:30 PM
	CENSUS: 87	TIME COMPLETED:	04:55 PM
MET WITH:	Stuart Montalvo - Executive Director		

ALLEGATION(S):

1	Staff did not provide resident adequate care or supervision to prevent frequent falls resulting in hospitalization.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Evelin Rios and Licensing Program Manager (LPM) Mary Flores conducted an unannounced subsequent complaint visit regarding the above allegation.
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4	The investigation consisted of the following:
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7	On 02/24/26 LPA Rios conducted an initial complaint investigation and requested copies of the residents and staff rosters, copies of relevant documents for the investigation. LPA interviewed the Administrator, Resident Care Director, and two (2) staff, and conducted a physical plant tour of the facility. On 7/21/26 LPA and LPM conducted interviews with 8 residents and 8 staff.
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10	(Continue to LIC9099-C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Mary G Flores	
LICENSING EVALUATOR NAME: Evelin Rios	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/21/2026

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-20260218185246

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: PALM VISTA SENIOR LIVING	FACILITY NUMBER: 197610286
	VISIT DATE: 07/21/2026

NARRATIVE	
1	The investigation revealed the following:
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3	Regarding allegation: Staff did not provide adequate resident care or supervision to prevent frequent
4	falls which resulted in hospitalization. It is alleged a resident has fallen 3 times and one of the falls
5	resulted in a head injury. Interviews with residents revealed 7 out of 8 residents stated staff are quick to
6	respond when they have a fall, staff update their needs and care plan as needed, provide the necessary
7	assistance as well as check on the residents more often after a fall occurs until there are no concerns. 1
8	out of 8 residents refused to be interviewed. Interviews with staff revealed upon observing a resident fall
9	staff respond by going to the resident, informed the Med-Tech on duty, Medtech evaluates the resident,
10	calls emergency respond services if necessary. When a resident has an open wound injury because of a
11	fall or hit their head emergency responder services are called and the residents are sent out to the
12	hospital. Documents reviewed revealed Resident #1(R1)'s physician's report dated: 8/18/25 notes R1
13	has a non-ambulatory status and does not have any motor impairments. Incident report dated: 2/8/26
14	notes R1 was found on the floor in the patio laying in their back and blood was noted from the back of
15	the head. The facility contacted emergency services and R1 was taken to the hospital. Needs and Care
16	plan dated 8/21/25 notes no falls for R1. Needs and Care plan dated: 08/21/25 notes an update on
17	2/14/26 as R1 being a fall risk and requiring partial assist. Interventions are to monitor R1 and assist
18	with compliance of use of mechanical aides. Needs and Care plan dated: 08/21/25 notes updates on
19	4/22/26 and 6/27/26 to redirect and provide safety education to R1. There were no incident reports prior
20	02/08/26 to note falls for R1. Although R1 sustained a fall that resulted in an injury based on documents
21	reviewed there was no history of falls prior to that incident. Therefore, the allegation is unsubstantiated.
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23	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
24	prove the alleged violation(s) did or did not occur, therefore the allegation is UNSUBSTANTIATED.
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26	Exit interview was conducted and a copy of this report was provided to the ED.
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SUPERVISORS NAME: Mary G Flores	
LICENSING EVALUATOR NAME: Evelin Rios	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/21/2026
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