<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610367
Report Date: 03/27/2026
Date Signed: 03/27/2026 03:08:41 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 **05/16/2025** and conducted by Evaluator Raymond Comer

	COMPLAINT CONTROL NUMBER: 31-AS-20250516141919

FACILITY NAME:	MELROSE GARDENS			**FACILITY NUMBER:**	197610367
ADMINISTRATOR:	VILLEGAS, MARCO			**FACILITY TYPE:**	740
ADDRESS:	1007-1013 N. MARTEL AVE			**TELEPHONE:**	(323) 876-1746
CITY:	LOS ANGELES	**STATE:** CA		**ZIP CODE:**	90046
CAPACITY:	31	**CENSUS:** 55		**DATE:**	03/27/2026
		UNANNOUNCED		**TIME BEGAN:**	09:30 AM
MET WITH:	Joseph "Yossi" Wieder - Administrator			**TIME COMPLETED:**	03:15 PM

ALLEGATION(S):

1	Staff neglected to provide proper care and supervision to resident resulting in injury-
2	Resident's pressure wound worsened due to staff neglect-
3	Staff were distracted by their personal phones and not meeting the needs of residents-
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	This is an addendum the the previous report issued on 5/23/2025. On 3/27/26, Licensing Program
2	Analyst, (LPA) Raymond Comer, arrived at the facility to conduct a subsequent visit regarding the
3	allegation(s) listed above. LPA conducted the initial complaint visit on 05/22/25, at which time LPA spoke
4	with the facility Administrator, Staff, and Witnesses having knowledge of the above noted allegations. In
5	addition, between 12:10 pm and 1:30 pm, LPA received facility resident and staff roster, Resident #1
6	(R1's) facility records, included but not limited to, physician report, assessment, need and service plan,
7	functional capability assessment, hospital discharge records and other pertinent documents. Between
8	1:35 pm and 2:15 pm, LPA interviewed facility staff and R1's responsible family member.
9	During subsequent visits, LPA discussed R1's overall health conditions to clarify what kind of services R1
10	was receiving from staff and 3rd party home health care providers. On 09/19/2025, during subsequent
11	visit between 10:15 am and 12:30 pm, LPA Comer requested and reviewed Resident #2 (R2s) records,
12	interviewed Staff, and five (05) out of a total of thirty-one (31) residents.
13	[LIC 9099C] Continued-

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Raymond Comer
LICENSING EVALUATOR SIGNATURE:
DATE: 03/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 03/27/2026

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

Control Number 31-AS-20250516141919

FACILITY NAME: MELROSE GARDENS **FACILITY NUMBER:** 197610367
VISIT DATE: 03/27/2026

NARRATIVE

Allegation: Staff neglected to provide proper care and supervision to residents,resulting in injury.
It was alleged that on 5/11/25 at 1:00 PM in the dining area, R1 was observed with bruising around their eyes. R1 was questioned by the their responsible family member (F1) and R1 stated that the facility is awful, that someone probably punched R1, but refused to provide additional details.
Staff revealed that they provide wellness checks to R1 a minimum of every two hours. R1 is under staff observation in the common areas and is being assessed and supervised as frequently as necessary.
Staff explained that on 05/05/2025 during lunch time R1 got too close to the Resident#2 (R2), and accidentally touched R2. By the time staff went to redirect R1, R2 grabbed the plate from the table and threw it at R1; Staff immediately separated R1 and R2. Staff revealed that R1 had a health condition triggering behaviors that could disturb other residents. Therefore, they were always monitoring R1. Staff stated that R1 did not have fall incidents that could cause bruise around their eyes. LPA was unable to communicate with R1 due to R1's inability to respond to questions. Other residents interviewed during investigation did not address any concerns regarding the assistance provided by facility staff. A review of facility records verified the information received from staff.
Based on the information obtained through observation, records review, and interviews, it was concluded that although R1 may have been involved in the incident, causing injuries, there is not sufficient information to conclude that staff neglected to provide required care and supervision to R1. Hence, the **allegation is UNSUBSTANTIATED** at this time.

Allegation: Resident's pressure wound worsened due to staff neglect-
Concerns were addressed that a prior bed soar, above R1's buttock had worsened and appeared to be 6 inches long by 3 inches wide. Four months ago, the wound was much smaller.

Staff revealed that R1 had a wound on their buttock and was receiving home health care services for wound care. As per Staff' observation, and the information received from home health nurses, the wound was healing. A review of R1's home health care records verified that R1 wound was responding to treatment and healing. During investigation, LPA Comer was able to observe R1's wound, finding the skin to be dry and wound healing well.

[LIC 9099C] Continued-

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Raymond Comer
LICENSING EVALUATOR SIGNATURE:
DATE: 03/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 03/27/2026

Control Number 31-AS-20250516141919

NARRATIVE

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

Allegation: Staff were distracted by their personal phones and not meeting the needs of residents- Complainant alleges that staff neglected to assist R1 with toileting assistance as they [staff] were instead distracted using their cell phones during working hours.
During initial and subsequent visits, LPA conducted multiple tours of the facility in the morning and afternoon shifts and observed the following: Staff were witnessed providing consistent care and assistance to residents; no residents were witnessed by LPA as neglected by staff.
During LPA interviews with Administrator and staff, they refuted this allegation, stating that staff provide assistance to residents in care on a consistent basis. Staff stated that if they need to make a phone call while working their shift, they will ask co-staff to provide temporary coverage until they return to their work duties. Residents' interviews revealed that staff provide resident care and supervision on a consistent basis and that resident assistance was not neglected due to staff's personal issues.
Based on the information LPA obtained through observation, and interviews with staff and residents, It cannot be proven that staff neglect to meet residents needs, nor are distracted by personal matters. Therefore, the **allegation is deemed Unsubstantiated** at this time.

Exit interview was conducted and a copy of report was issued.

SUPERVISORS NAME: Naira Margaryan
LICENSING EVALUATOR NAME: Raymond Comer
LICENSING EVALUATOR SIGNATURE:
DATE: 03/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 03/27/2026