

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610370

Report Date: 01/15/2026

Date Signed: 01/15/2026 11:29:02 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 **10/29/2024** and conducted by Evaluator Raymond Comer

	COMPLAINT CONTROL NUMBER: 31-AS-20241029123550
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FACILITY NAME: MELROSE GARDENS	FACILITY NUMBER: 197610370
ADMINISTRATOR: VILLEGAS, MARCO	FACILITY TYPE: 740
ADDRESS: 960 N. MARTEL AVENUE	TELEPHONE: (323) 876-1746
CITY: LOS ANGELES	ZIP CODE: 90046
CAPACITY: 100	DATE: 01/15/2026
MET WITH: Joseph "Yossi" Wieder-Administrator	UNANNOUNCED TIME BEGAN: 10:45 AM
	TIME COMPLETED: 11:40 AM

ALLEGATION(S):

1	Staff does not safeguard resident's personal belongings.
2	Staff do not allow resident to have visitors.
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INVESTIGATION FINDINGS:

1	On Thursday, 1/15/26, Licensing Program Analyst (LPA) Raymon Comer conducted an unannounced
2	subsequent visit to the facility to conduct additional investigations and render findings for the above noted
3	allegations. LPA met with the Administrator, and informed them about the purpose of this visit.
4	
5	The investigation of the allegations was initiated on 11/04/2024 at which time LPA Comer requested
6	residents and staff rosters. At 11:30 am, LPA requested and received copies of Residents files, including
7	but not limited to Physician report, need and service plan, inventory records of resident(s) personal
8	belongings and other documents relevant to investigation. In addition, on 12/04/2025, between 12:10 pm
9	and 12:30 pm, LPA inspected R1's room and observed and assessed R1. At 12:45pm, other residents
10	and staff were interviewed.
11	
12	[LIC9099C] Continued
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Raymond Comer
LICENSING EVALUATOR SIGNATURE:

DATE: 01/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/15/2026

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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Control Number 31-AS-20241029123550

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: MELROSE GARDENS

FACILITY NUMBER: 197610370

VISIT DATE: 01/15/2026

NARRATIVE

1 Allegation: Staff does not safeguard resident's personal belongings.

2
3 It was alleged that Resident #1's (R1's) friend purchased comforters and sheets for R1, but they were
4 lost or stolen before being used. Staff revealed that R1's linens and comforters are being changed as
5 frequently as needed and no one ever reported them lost or stolen. Other residents interviewed during
6 investigation did not reveal any concerns regarding their personal belongings.

7 A review of R1's inventory record of personal belongings did not verify that R1 had linens and
8 comforters.

9 Per LPAs inspection and observation of R1's bedroom, R1 had fresh linens on their bed, and they
10 appeared to be clean and dry.

11
12 Based on inspection, observation, interviews and record reviews, there is not sufficient information to
13 verify the allegation. Therefore, the allegation is deemed **UNSUBSTANTIATED** at this time.

14
15 Allegation: Staff do not allow resident to have visitors.

16
17 Concerns were addressed that about two weeks prior to October 29, 2024, based on the request by
18 R1's family member, the Administrator informed one of the visitors (V1) that they would no longer be
19 allowed to visit R1 as contact with the visitor could affect R1's health and safety.

20 The Executive Director (ED) and other staff revealed that V1 was coming to the facility and hanging
21 around in R1's room until visitation hours were over. V1 was coming to the facility under the influence of
22 alcohol and exhibiting aggressive behavior towards R1, making them upset and agitated. R1 was in
23 shared room and while V1 was present, he was not allowing staff to assist R1, and their roommate. The
24 ED made attempts to allow supervised visitation to V1. However, it angered V1 causing them to make
25 verbal threats to facility staff.

26
27 ED was in contact with R1's responsible party/family member (F1), who also noted V1's negative impact
28 towards R1's health and safety. Based on F1's written request, as well as complaints and concerns
29 addressed by the facility staff and other residents, ED had no choice but to prohibit R1 from visiting the
30 facility. V1's presence was posing a hazard not only to R1 but also R1's roommate, other residents and
31 staff.

32 Interview with F1 verified the information received from ED and other staff.

[LIC9099C] Continued

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LICENSING EVALUATOR NAME: Raymond Comer
LICENSING EVALUATOR SIGNATURE:

DATE: 01/15/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/15/2026

LIC9099 (FAS) - (06/04)

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: MELROSE GARDENS

FACILITY NUMBER: 197610370

VISIT DATE: 01/15/2026

NARRATIVE

1 A review of e-mail communications between ED and family member, supported the information received
 2 from interviews.
 3 Based on interviews, and record review, the allegation did occur and V1 was prohibited to come to the
 4 facility. However, the decision was made to protect health and safety of R1, other residents and staff.
 5 Therefore, the allegation is **UNSUBSTANTIATED** at this time.
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 7 No immediate health and safety hazards were noted. Exit interview was conducted and a copy of report
 8 was issued.
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SUPERVISORS NAME: Nichelle Gillyard

LICENSING EVALUATOR NAME: Raymond Comer

LICENSING EVALUATOR SIGNATURE:

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