

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610375
Report Date: 12/23/2025
Date Signed: 12/23/2025 11:44:12 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 12/18/2025 and conducted by Evaluator Gina Saucedo

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20251218215152
--------	--

FACILITY NAME: ELITE RETIREMENT RESIDENCE		FACILITY NUMBER:	197610375
ADMINISTRATOR:BERKOWITZ,DENISE		FACILITY TYPE:	740
ADDRESS: 6900 ROYER AVENUE		TELEPHONE:	(818) 640-2475
CITY: WEST HILLS	STATE: CA	ZIP CODE:	91307
CAPACITY: 6	CENSUS: 5	DATE:	12/23/2025
	UNANNOUNCED	TIME BEGAN:	07:50 AM
MET WITH: Denise Berkowitz, Administrator		TIME COMPLETED:	11:00 AM

ALLEGATION(S):

1	Staff did not allow residents to have private conversations
2	Staff did not provide resident adequate food service
3	Staff did not provide resident with comfortable living accomodations
4	Staff did not ensure residents were provided daily activities
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 12/23/25, at 7:50am, Licensing Program Analyst (LPA) Gina Saucedo arrived at the facility to conduct an unannounced, initial complaint visit and was greeted by Caregiver, Martha Detloff. The Caregiver called the Administrator and they arrived shortly after. LPA explained the purpose of this visit was to gather information, interview staff and residents and deliver findings for this complaint.
2	
3	
4	
5	On 12/23/25, LPA Saucedo asked for the census, staff, and resident rosters. On 12/23/25, at 8:15am, LPA Saucedo conducted a physical tour, interviewed staff and attempted to interview residents. LPA also obtained Resident #1 (R1)'s, Admission Agreement, Medical Assesement, Preplacement Plan and Appraisal Needs/Services Plan.
6	
7	
8	
9	LIC 9099C-continued
10	
11	
12	
13	

Unsubstantiated	Estimated Days of Completion:
-----------------	-------------------------------

SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Gina Saucedo	
LICENSING EVALUATOR SIGNATURE:	DATE: 12/23/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/23/2025

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 6

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 **12/18/2025** and conducted by Evaluator Gina Saucedo

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20251218215152
---------------	---

FACILITY NAME: ELITE RETIREMENT RESIDENCE	FACILITY NUMBER: 197610375
ADMINISTRATOR: BERKOWITZ,DENISE	FACILITY TYPE: 740
ADDRESS: 6900 ROYER AVENUE	TELEPHONE: (818) 640-2475
CITY: WEST HILLS	ZIP CODE: 91307
CAPACITY: 6	DATE: 12/23/2025
MET WITH: Denise Berkowitz, Administrator	UNANNOUNCED TIME BEGAN: 07:50 AM
	TIME COMPLETED: 11:00 AM

ALLEGATION(S):

1	Staff did not provide sufficient notice prior to increasing resident's rent
2	Staff did not provide a detailed itemized explanation of the additional
3	services to be provided in resident's rental increase
4	Staff did not appraise resident as needed to determine resident's required level of service
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 12/23/25, at 7:50am, Licensing Program Analyst (LPA) Gina Saucedo arrived at the facility to conduct
2	an unannounced, initial complaint visit and was greeted by Caregiver, Martha Detloff. The Caregiver
3	called the Administrator and they arrived shortly after. LPA explained the purpose of this visit was to
4	gather information, interview staff and residents and deliver findings for this complaint.
5	
6	On 12/23/25, LPA Saucedo asked for the census, staff, and resident rosters. On 12/23/25, at 8:15am,
7	LPA Saucedo conducted a physical tour, interviewed staff and attempted to interview residents. LPA also
8	obtained Resident #1 (R1)'s, Admission Agreement, Medical Assesment, Preplacement Plan and
9	Appraisal Needs/Services Plan.
10	
11	LIC 9099C-continued
12	
13	

Substantiated	Estimated Days of Completion:
----------------------	--------------------------------------

SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Gina Saucedo	
LICENSING EVALUATOR SIGNATURE:	DATE: 12/23/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/23/2025

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

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: ELITE RETIREMENT RESIDENCE

FACILITY NUMBER: 197610375

VISIT DATE: 12/23/2025

NARRATIVE	
-----------	--

1

Regarding the allegation: Staff did not provide sufficient notice prior to increasing resident's rent. It is

2

being alleged that resident #1 (R1)'s was issued a 30-day notice increase from \$6,500 to \$9,000. LPA

3

interviewed R1, and asked why the rent had increased but R1 did not know. R1 stated, "I just moved in

4

August 31 and my rent was \$6500.00." LPA asked how much notice did you receive and R1 stated, "I

5

didn't receive a notice my daughter did." LPA interviewed R1's daughter via telephone and R1's

6

daughter stated, "I received a written 30-day notice. LPA received and reviewed the 30-day notice that

7

was given to R1's daughter. LPA interviewed staff #1 (S1) that admitted a 30-day notice had been given

8

to R1's daughter because R1 was demanding more help. Therefore, based on the LPA's interviews and

9

record review the allegation(s) are SUBSTANTIATED at this time.

10

11

Regarding the allegation: Staff did not provide a detailed itemized explanation of the additional

12

services to be provided in resident's rental increase. During LPA's interview with staff #1 (S1), S1 did not

13

have a detailed itemized explanation of the additional services to raise resident #1 (R1)'s rent. LPA

14

asked staff #2 if anything had changed with R1's services since R1's admission to the facility in August

15

of 2025 and S2 confirmed there was no changes to R1 and that R1's health had actually improved since

16

they arrived to the facility. Therefore, based on the LPA's interviews and record review the allegation(s)

17

are SUBSTANTIATED at this time.

18

19

Regarding the allegation: Staff did not appraise resident as needed to determine resident's required

20

level of service. It is being alleged that resident #1 (R1) did not get the appraisals for a change in

21

condition. During LPA's interview with R1, LPA asked if any resident reappraisals were conducted and/or

22

did anything change with their condition and R1 stated, "no, I wasn't even there for three (3) months,

23

nothing has changed." During LPA's interview with R1's daughter, LPA asked if R1 was ever reappraised

24

and/or did any health condition, functional capabilities, physician's report/medical assessment change

25

and R1's daughter stated, "nothing has changed with R1 since their arrival to the facility." LPA

26

interviewed staff #1 (S1) and staff # 2 (S2) and asked for the resident's reappraisal's, changes in

27

functional capabilities and/or physician's report/medical assessment showing that R1 needed increased

28

level of care but there was no change to R1's health requiring higher level of care. S1 did not have any

29

updated paperwork since R1's arrival to the facility on August 2025. Therefore, based on the LPA's

30

interviews and record review the allegation(s) are SUBSTANTIATED at this time.

31

32

An exit interview was conducted, citation(s) were issued for the above allegation(s), appeals rights

provided,a copy of this report was given to the Administrator/Licensee.

SUPERVISORS NAME: Troy Agard

LICENSING EVALUATOR NAME: Gina Saucedo

LICENSING EVALUATOR SIGNATURE:

DATE: 12/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/23/2025

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: ELITE RETIREMENT RESIDENCE

FACILITY NUMBER: 197610375

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/23/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
---	--------------	---------------------------

Type B 01/06/2026 Section Cited HSC 1569.655(a)	1 (a) If a licensee of a residential care 2 facility for the elderly increases the 3 rates of fees for residents...the licensee 4 shall provide no less than 90 days' prior 5 written notice to the residents or the 6 residents' representatives setting forth 7 the amount of the increase and the reason or reasons for the increase, including a description of the additional costs, except for an increase in the rate due to a change in the level of care of the resident. This requirement is not met by:	1 The licensee/Administrator shall 2 provide training to all staff to update all 3 paperwork for higher level of care such 4 as resident reappraisals to increase 5 rent. 6 7 POC Due Date: 01/06/26
	8 Based on the LPA's observations the 9 licensee/administrator failed to ensure 10 that the facility gave a proper notice to 11 resident #1 for rent increase. This 12 posed an potential health and safety 13 risk to residents in care. 14	
Type B 01/06/2026 Section Cited CCR 87507(3)(b)(2)	1 Payment provisions, including the 2 following: (B) Rate for additional items 3 and services, including:2. A separate 4 charge for an item or service may be 5 assessed only if that charge is included 6 in and authorized by the admission 7 agreement. This requirement was not met by:	1 The licensee/Administrator shall 2 provide a separate charge for additional 3 services not included in the admission 4 agreement to resident and/or resident's 5 guardian with proper notice. 6 7 POC Due Date: 01/06/26
	8 Based on the LPA's observations the 9 licensee/administrator failed to ensure 10 that a separate charge for an 11 item/service was not included in the 12 admission agreemnt changing their 13 rate. This posed an potential health and 14 safety risk to residents in care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Troy Agard LICENSING EVALUATOR NAME: Gina Saucedo LICENSING EVALUATOR SIGNATURE:		DATE: 12/23/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 12/23/2025

Control Number 31-AS-20251218215152

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
--	--

FACILITY NAME: ELITE RETIREMENT RESIDENCE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 197610375
VISIT DATE: 12/23/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/06/2026 Section Cited CCR 87463(a)	1 The pre-admission appraisal, as 2 specified in Section 87457, Pre- 3 Admission Appraisal, shall be updated 4 in writing as frequently as necessary or 5 once every 12 months, whichever 6 occurs first, to note significant 7 changes... For the purposes of this section, the updated pre-admission	1 The licensee/Administrator shall 2 update/provide resident reappraisals for 3 all residents upon changes of resident's 4 conditions. 5 6 7 POC Due Date: 01/06/26

		appraisal shall be referred to as the reappraisal. This requirement was not met by:		
	8 9 10 11 12 13 14	Based on the LPA's observations the licensee/administrator failed to ensure that the facility reappraised resident #1. This posed an potential health and safety risk to residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Troy Agard LICENSING EVALUATOR NAME: Gina Saucedo LICENSING EVALUATOR SIGNATURE:		DATE: 12/23/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 12/23/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
---	--

FACILITY NAME: ELITE RETIREMENT RESIDENCE

FACILITY NUMBER: 197610375
VISIT DATE: 12/23/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Regarding the allegation: Staff did not allow residents to have private conversations. It is being alleged that the residents don't have confidential calls. During LPA's interview with staff # 1, 2 and 3, they all confirmed that resident #1 (R1) could not hear well and R1 would sit in the living room and talk loudly on the phone. During LPA interview with R1, R1 did admit they cannot hear well. During LPA's record review of Preplacement Appraisal and Appraisal/Needs and Services Plan it does show that R1 has a hearing problem. Therefore, based on the LPA's interviews and record review the allegation(s) are UNSUBSTANTIATED at this time. Regarding the allegation: Staff did not provide resident adequate food service. It is being alleged that there are no snacks provided for the residents. During LPA's interview with staff # 1, 2 and 3, they all confirmed that resident #1 (R1) ate several meals throughout the day. There is no designated time for residents to eat. Residents are provided three (3) meals a day with food in between if they get hungry. During LPA's interview with R1, R1 did confirm that they never asked for any snacks. Therefore, based on the LPA's interviews and food menu review the allegation(s) are UNSUBSTANTIATED at this time. Regarding the allegation: Staff did not provide resident with comfortable living accommodations. It being alleged that the mattress for resident #1 (R1) gave R1 back issues. During LPA's interview with staff # 1, 2 and 3, they all confirmed that resident #1 (R1) was not happy with their bed upon their admission but they did change it. Staff 1and 2 did confirm that R1's bed was changed twice since they had lived at the facility. During LPA's interview with R1, R1 did confirm that they were comfortable at the end of their stay at the above facility. Therefore, based on the LPA's interviews, the allegation(s) are UNSUBSTANTIATED at this time.

23
24 **Regarding the allegation:** Staff did not ensure residents were provided daily activities. It is being
25 alleged that there are no scheduled activities. During LPA's interview with staff # 1, 2 and 3, they all
26 confirmed that all residents are provided different activities. Staff # 2 confirmed that resident # 1 and
27 resident #2 would play checkers all the time. During LPA's interview with R1, R1 confirmed that all
28 residents like to stay in their room including them so they didn't participate in all, only some activities.
29 Therefore, based on the LPA's interviews, the allegation(s) are UNSUBSTANTIATED at this time.
30
31 An exit interview was conducted, no citation(s) were issued for the above allegation(s), a copy of this
32 report was given to the Administrator/Licensee.

SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Gina Saucedo	
LICENSING EVALUATOR SIGNATURE:	DATE: 12/23/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/23/2025