

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610430
Report Date: 02/18/2026
Date Signed: 02/18/2026 12:01:49 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 **12/31/2025** and conducted by Evaluator Antonia Alvizar-Ettima

PUBLIC	COMPLAINT CONTROL NUMBER: 31-AS-20251231133821
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FACILITY NAME:	MONTECEDRO	FACILITY NUMBER:	197610430
ADMINISTRATOR:	WEIDERT, DAVID	FACILITY TYPE:	741
ADDRESS:	2212 EL MOLINO AVE	TELEPHONE:	(626) 788-4900
CITY:	ALTADENA	ZIP CODE:	91001
CAPACITY:	300	CENSUS:	207
		DATE:	02/18/2026
		UNANNOUNCED TIME BEGAN:	10:15 AM
MET WITH:	Ruzanna Sergeyev, Director Resident Health Services(DHS) & Kohar Kelkelyan, Director Resident Services(DRS)	TIME COMPLETED:	12:10 PM

ALLEGATION(S):

1	Resident sustained a fracture due to staff neglect
2	Staff did not seek medical attention to resident in a timely manner
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Antonia Alvizar- Ettima conducted an unannounced subsequent visit to deliver finding of the above noted allegations. LPA met with receptionist and granted entry to the facility.
2	LPA explained the reason for this visit. At 10:40a.m., LPA and Director Resident Health Services (DHS) & Director Resident Services (DRS) conducted a physical plan tour and observed no health no safety issues.
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7	During initial visit on 01/07/26 LPA Alvizar-Ettima requests and receives copies of the facility resident and staff rosters. At 10:15a.m., DHS and LPA conducted a physical plant walk-through. Between 10:45a.m. – 2:00p.m., LPA interviewed Executive Director (ED), Director of health Care Services (DHS) and five (05) out of one hundred and twelve (112) residents including Resident #1 and #2 (R1-R2). In addition, LPA request copies of resident’s Physician Report, Identification Emergency Information, Assessment need and service plan and other pertinent documentation. LPA Alvizar - Ettima attempt to interview resident #1 (R1) was unsuccessful due to R1’s inability to respond to the questions. Prior to this visit on 2/13/26 LPA reviewed facility records. Cont. LIC 9099-C
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SUPERVISORS NAME: Naira Margaryan

LICENSING EVALUATOR NAME: Antonia Alvizar-Ettima

LICENSING EVALUATOR SIGNATURE:

DATE: 02/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/18/2026

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-20251231133821

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: MONTECEDRO

FACILITY NUMBER: 197610430

VISIT DATE: 02/18/2026

NARRATIVE

1 Cont. from LIC 9099

2
3 **Resident sustained a fracture due to staff neglect**4 It was alleged that on 11/20/25, Resident #1 (R1) woke up screaming with a swollen arm. Staff
5 interviews consistently denied knowledge of any fall or incident involving R1 at the facility. Staff (S1)
6 reported that when swelling was observed on R1's left elbow, the condition was immediately reported to
7 management and R1's Power of Attorney (POA). Facility staff reported observing swelling to R1's left
8 elbow and taking appropriate reporting actions. Interview with Resident #2 (R2), who was a spouse of
9 R1 revealed that R1 did not experience a fall or other incidents within the facility. R2 reported that R1
10 had a previous shoulder injury and had been scheduled for shoulder replacement surgery on 09/24/24
11 but declined the procedure. During interviews with other residents indicated no concerns about staff
12 care or supervision. No environmental hazards or immediate safety concerns were observed during the
13 visit related to this allegation. Incident report and facility record were reviewed. Records did not indicate
14 that R2 sustained a fracture as a result of an incident occurring in the facility.15 Based on interviews, observation and record review there is insufficient evidence to confirm the validity
16 of the allegation. Therefore, the allegation is deemed UNSUBSTANTIATED at this time.17
18 **Staff did not seek medical attention to resident in a timely manner**19
20 It was alleged that staff failed to obtain timely medical care for R1 following a fracture. Information
21 received indicated that during surgery, medical staff suggested the fracture could have occurred
22 approximately two weeks to one month prior. Staff interviews indicated that upon receiving a report of
23 R1's injury, emergency services were contacted and pain medication was provided as requested by the
24 POA. Interview with resident #2 (R2) revealed that staff provided care and acted appropriately. Staff and
25 residents' statements were consistent that an ambulance was called, and follow-up actions were taken
26 in timely manner. No information and/or evidence was available indicating delay in emergency
27 responses, once staff identified the need for medical attention. A review of available records supported
28 staff actions seeking medical evaluation after assessing R1 and observing concerning symptoms.29
30 Based on interviews and record review, there is insufficient evidence to verify the allegation. Therefore,
31 the allegation is UNSUBSTANTIATED at this time.32
No immediate health and safety issues were observed during this visit. Exit interview was conducted
and a copy of report was issued.

SUPERVISORS NAME: Naira Margaryan

LICENSING EVALUATOR NAME: Antonia Alvizar-Ettima

LICENSING EVALUATOR SIGNATURE:

DATE: 02/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/18/2026