

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610758
Report Date: 06/03/2026
Date Signed: 06/03/2026 01:39:57 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 **05/28/2026** and conducted by Evaluator Evelin Rios

	COMPLAINT CONTROL NUMBER: 31-AS-20260528083448
FACILITY NAME: ALLAY GARDENS, INC.	FACILITY NUMBER: 197610758
ADMINISTRATOR: ABDULLAH, MOHUMMED	FACILITY TYPE: 740
ADDRESS: 7262 SUNNYSLOPE DR	TELEPHONE: (702) 612-6316
CITY: LANCASTER	ZIP CODE: 93536
CAPACITY: 6	DATE: 06/03/2026
	CENSUS: 2 UNANNOUNCED TIME BEGAN: 08:35 AM
MET WITH: Mohummed Adbullah	TIME COMPLETED: 01:54 PM

ALLEGATION(S):

1	Staff crushed residents' medication without consent.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Evelin Rios arrived at this facility to conduct an unannounced complaint
2	visit to investigate the above mentioned allegation. LPA was granted entry into the facility by the
3	administrator and LPA explained the reason for the visit. An entrance interview was conducted.
4	
5	The investigation consisted of the following:
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7	From approximately 8:35 AM to 9:11 AM, LPA Rios conducted a physical plant tour of the facility to
8	ensure the health and safety of the residents in care. During this time, LPA interviewed one (1) of two (2)
9	residents, Residnet #2 (R2) and Residnet #1 (R1). R1 was unable to respond to interview questions due
10	to their medical condition. No immediate health or safety concerns were observed during the tour.
11	
12	(Continue to LIC9099)
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Mary G Flores	
LICENSING EVALUATOR NAME: Evelin Rios	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/03/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/03/2026

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-20260528083448

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ALLAY GARDENS, INC.	FACILITY NUMBER: 197610758
	VISIT DATE: 06/03/2026

NARRATIVE	
1	From 9:12 AM to 10:00 AM, LPA interviewed the administrator and reviewed and obtained
2	documentation, including but not limited to: residents' Physician's Reports, Pre Admission Appraisals,
3	Appraisal/Needs and Services Plans, R1's Centrally Stored Medication Administration Records, and
4	R1's hospice documentation. At approximately 11:18 AM LPA Rios interviewed one (1) other staff
5	member.
6	
7	The investigation revealed the following:
8	
9	Allegation: Staff crushed residents' medication without consent. Regarding the allegation, it is
10	reported that staff crushed residents' medications and mixed them into their food prior to serving, without
11	the residents' knowledge.
12	
13	Interview with R2, revealed they do not receive staff assistance with medication administration.
14	According to R2, they store and take their medication without staff assistance. LPA's review of R2's
15	Physician's Report dated 12/31/2025 confirms that R2 is able to manage and store their own medication
16	and is also able to self administer their own medication. R2 confirms they have witnessed staff crush
17	medication for R1 in the facility and place crushed medication into R1's pudding. According to R2 they
18	have lived at this facility for about a month and this was also done at the previous facility where R1 and
19	R2 were residing. Interview with the administrator and staff revealed they are crushing R1's medication
20	and mixing it into soft foods. According to the administrator they are following a medication protocol
21	continued from the previous facility and confirmed medication administration with R2's Hospice agency.
22	The administrator also stated R2 is always told when the medication is being provided. LPA's review of
23	R1's Physician's report dated 04/16/2026 revealed R1 is unable to administer own medication. Review
24	of hospice documentation revealed their is physician's order in place indicating it is "ok to crush
25	Prescription Ordered (PO) medication". Hospice documentation also noted R1 is on a puree diet.
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27	
28	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
29	prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated.
30	
31	No deficiencies cited. Exit interview conducted. Copy of this report provided to the administrator.
32	

SUPERVISORS NAME: Mary G Flores	
LICENSING EVALUATOR NAME: Evelin Rios	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/03/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/03/2026