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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198200705
Report Date: 07/24/2026
Date Signed: 07/24/2026 03:40:14 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/23/2026** and conducted by Evaluator Perry Scott

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260623122021

FACILITY NAME:	EVERGREEN HAVEN			**FACILITY NUMBER:**	198200705
ADMINISTRATOR:	ARLENE FELICIANO			**FACILITY TYPE:**	740
ADDRESS:	2513 WEST 168TH STREET			**TELEPHONE:**	(310) 630-0817
CITY:	TORRANCE	**STATE:** CA		**ZIP CODE:**	90504
CAPACITY:	6; 6	**CENSUS:** 5		**DATE:**	07/24/2026
		UNANNOUNCED		**TIME BEGAN:**	01:09 PM
MET WITH:	Arlene Feliciano			**TIME COMPLETED:**	04:00 PM

ALLEGATION(S):

1	Staff do not ensure resident's medical needs are met.
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INVESTIGATION FINDINGS:

1	On 07/02/2026 at 9:30am, the department conducted an initial complaint visit to the facility and was
2	greeted by Arlene Feliciano, Administrator. The department explained the purpose of this visit was to
3	gather information about the complaint, gather facility files, interview staff and residents, and deliver
4	findings for the allegation mentioned above.
5	
6	The investigation consisted of the following: The department investigated the allegation mentioned in this
7	complaint and conducted interviews with staff (S1-S3) and residents (R1-R6). The department received
8	the following documents: Staff Roster (Dated: 06/2021), Resident Roster (Dated: 09/13/2024),
9	Physicians' Report (Dated: 10/01/2025) Optional Services Document, Admissions Agreement (Dated:
10	10/04/2025), ID/Emergency Information (Dated: 10/04/2025), Preplacement Appraisal (Dated:
11	10/04/2025), Resident Appraisal (Dated: 10/04/2025), Functional Capability Assessment (Dated:
12	10/04/2025), Appraisal/Needs and Service Plan (Dated: 10/04/2025), Unusual Incident Report (Dated:
13	06/30/2026), and Admission Policy and Procedures (Dated: 10/04/2025) from the facility.
	Report Continued On LIC9099-C

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Perry Scott
LICENSING EVALUATOR SIGNATURE:
DATE: 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/24/2026

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

Control Number 11-AS-20260623122021

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

FACILITY NAME: EVERGREEN HAVEN **FACILITY NUMBER:** 198200705
VISIT DATE: 07/24/2026

NARRATIVE

The investigation revealed the following: Allegation- Staff do not ensure resident's medical needs are met.

The details of the complaint allege that the facility does not ensure the residents' (R1) medical needs are met. It was reported that (R1) has back pain and the facility wants to charge $200.00 for additional services. On 7/02/2026, from 9:30am-2:30pm, the department interviewed staff (S1-S3) and residents (R1-R6). 3 of 3 staff denied the allegation that **Staff do not ensure resident's medical needs are met.** All staff (S1-S3) stated that they do ensure that all residents' medical needs are being met. All staff stated that it was never brought to their attention that R1 had a back problem. Staff S1 stated that the resident never said there was an issue with back pain and it was not represented in their physician's report or appraisals. Staff S1 stated that R1 went to the hospital (6/30/2026) because R1 had an unwitnessed fall. S1 stated that R1 stated that they slid off the bed, but when staff asked about pain or injuries R1 denied having any pain or injuries but wanted to go to the hospital anyway.

S1 stated that they submitted an incident report and the resident was taken to the hospital. When asked about additional services for the residents that would cost $200.00. S1 stated that these were optional services that the residents could purchase that are not included in the basic monthly fee. They include incontinence supplies (diapers, wipes, cream, under pad, etc.), haircuts, manicures, and pedicures. S1 stated that these are optional services but not required and that R1 buys their own supplies.

The department interviewed residents (R1-R6)) about the allegation and 4 of 6 residents that were interviewed stated that the staff does ensure their medical needs are met. One resident could not participate in the interview because of cognitive difficulties. While R1 stated that they get the basic services but no physical therapy.

The department reviewed the Optional Services Document, Admissions Agreement (Dated: 10/04/2025), Preplacement Appraisal (Dated: 10/04/2025), Resident Appraisal (Dated: 10/04/2025), Functional Capability Assessment (Dated: 10/04/2025), Appraisal/Needs and Service Plan (Dated: 10/04/2025), Unusual Incident Report (Dated: 06/30/2026) and did not observe any history of back pain for R1. The department also reviewed the Optional services document that is included in the admissions agreement that describes what services are optional if the resident chooses to purchase them which include: incontinence supplies (diapers, wipes, cream, under pad, etc.), haircuts, manicures, and pedicures.

Report Continued On LIC9099-C

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Perry Scott
LICENSING EVALUATOR SIGNATURE:
DATE: 07/24/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/24/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340
EL SEGUNDO, CA 90245

FACILITY NAME: EVERGREEN HAVEN **FACILITY NUMBER:** 198200705

VISIT DATE: 07/24/2026

NARRATIVE

The department reviewed the admissions agreement and item number 24 in the admissions agreement states that any services requested by resident or responsible party such as home health, hospice, physical therapy, or private duty personnel are the residents' or responsible party's own expenses and not covered in the basic fee.

Based on interviews and records reviewed, there is insufficient evidence to support the allegation that **Staff do not ensure resident's medical needs are met.** Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is **Unsubstantiated**.

No citations were issued for this complaint investigation.

An exit interview was conducted with Arlene Feliciano, Administrator, and a hard copy of this Complaint Investigation Report was provided.

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Perry Scott
LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2026

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DATE: 07/24/2026