

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198201933
Report Date: 12/22/2025
Date Signed: 12/22/2025 12:20:55 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/16/2025** and conducted by Evaluator Mario Leon

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20251216114619
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FACILITY NAME: PALOS VERDES VILLA LLC	FACILITY NUMBER: 198201933
ADMINISTRATOR: BIENSTOCK, SETH	FACILITY TYPE: 740
ADDRESS: 29661 S WESTERN AVE	TELEPHONE: (310) 547-9941
CITY: RANCHO PALOS VERDES	ZIP CODE: 90275
CAPACITY: 116	DATE: 12/22/2025
MET WITH: Linda Cardona, Administrator	UNANNOUNCED TIME BEGAN: 08:50 AM
	TIME COMPLETED: 01:06 PM

ALLEGATION(S):

1	Staff does not ensure resident is spoken to in an appropriate manner
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INVESTIGATION FINDINGS:

1	On 12/22/25 Licensing Program Analyst (LPA) Mario Leon conducted an unannounced complaint visit at the facility. LPA was met by staff one Linda Cardona, Administrator (S1) and the purpose of the visit was explained.
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4	The investigation consisted of the following: LPA requested and reviewed resident one through three's (R1-R3) medical assessment(s) (dated: various) and staff one through three's training folders (dated: various). LPA interviewed four (4) residents (R1-R4) and four (4) staff (S1-S4).
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7	The investigation revealed the following:
8	Regarding the allegation "Staff does not ensure resident is spoken to in an appropriate manner", it is being alleged that staff speak inappropriately to residents in care. Record reviews revealed the following:
9	S1-S3 have valid training hours for the year of 2025 and have completed Statement Acknowledging Requirement to Report Suspected Abuse of Dependent Adults and Elders. Interviews revealed the following three (3) out of four (4) residents and all four (4) staff have denied the allegation has taken place
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13	Report continues, please see LIC9099C

Unsubstantiated	Estimated Days of Completion: 90
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SUPERVISORS NAME: Ulysses Coronel
LICENSING EVALUATOR NAME: Mario Leon
LICENSING EVALUATOR SIGNATURE:

DATE: 12/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/22/2025

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 11-AS-20251216114619

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: PALOS VERDES VILLA LLC

FACILITY NUMBER: 198201933

VISIT DATE: 12/22/2025

NARRATIVE

1 Based on record reviews and interviews conducted, the preponderance of evidence standard has not
2 been met. Although the allegation may have happened or is valid, there is not a preponderance of
3 evidence to prove that the alleged violation occurred. Therefore, the above allegation has been
4 **Unsubstantiated.**

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6 **An exit interview was held with Linda Cardona and a copy of this report has been provided.**
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SUPERVISORS NAME: Ulysses Coronel
LICENSING EVALUATOR NAME: Mario Leon
LICENSING EVALUATOR SIGNATURE:

DATE: 12/22/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/22/2025

LIC9099 (FAS) - (06/04)

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