

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198201933
Report Date: 02/11/2026
Date Signed: 02/11/2026 04:51:26 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 02/03/2026 and conducted by Evaluator Regina Cloyd

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260203133219
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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:	02/11/2026
MET WITH: Linda Cardenas		UNANNOUNCED TIME BEGAN:	10:15 AM
		TIME COMPLETED:	05:05 PM

ALLEGATION(S):

1	Staff did not provide proper meals to resident in care resulting in weight loss.
2	Staff did not change resident's bedsheets.
3	Facility is unkept.
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INVESTIGATION FINDINGS:

1	On 02/11/2025, Licensing Program Analyst (LPA) Regina Cloyd conducted an initial visit to gather
2	information regarding the above allegation. LPA met with Administrator Assistant Linda Cardenas and the
3	purpose of the visit was explained. LPA introduced herself to the Executive Director Seth Bienstock.
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5	Investigation consisted of the following: On 02/11/2026, LPA obtained Personnel Report (dated
6	12/01/2025), Register of Residents, Resident #1's (R1) Records. LPA interviewed Staff #1 – 8, Residents
7	#1 – 7, and observed lunch.
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9	Investigation revealed the following:
10	Allegation: Staff did not provide proper meals to resident in care resulting in weight loss.
11	Record review of R1's Admission Agreement (01/03/2023) revealed basic services include three
12	nutritious meals daily and snacks, special diets if prescribed by a doctor, and no additional meal services
13	are provided.
	Continue to LIC9099-C.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Ulysses Coronel LICENSING EVALUATOR NAME: Regina Cloyd LICENSING EVALUATOR SIGNATURE:		DATE: 02/11/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 02/11/2026

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 3
Control Number 11-AS-20260203133219

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: 02/11/2026
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NARRATIVE	
1	Review of Physician Order (03/25/2025) revealed R1 was to start taking medication A and it was
2	discontinued on 07/02/2025. Review of weight records revealed R1 weighed 208lbs (May 2025), 210lbs
3	(June 2025), 209lbs (July 2025), 206lbs (Aug 2025), 201lbs (Sept 2025), 196lbs (Oct 2025), 190.6 lbs
4	(Nov 2025), 186.6lbs (Dec 25), and 182lbs (Jan 2026). Record review of Physician Order (09/29/2025)
5	revealed R1 to start taking medication A at the lowest dose and it was discontinued on 12/10/2025.
6	Medical Assessment (12/10/2025) revealed R1 weighed 187lbs, is able to care for own toileting needs,
7	able to feed self, but not able to leave the facility unsupervised. R1 is ambulatory. Summary visits
8	revealed R1 was seen by doctor on 01/05/2026 and 01/21/2026 to address R1's concerns. R1 was
9	hospitalized from 01/31/2026 – 02/08/2026 to address R1's concerns. Interview with both Chefs (S5 –
10	S6), S1, Staff #4 (S4) indicated Mexican food is served at least weekly. Interview with S6 indicated
11	Mexican food has been specifically purchased for R1 but R1 complained about the authenticity and
12	quantity of food. Interview with S1 - S2 also indicated R1 eventually refused Mexican meals because R1
13	did not like the taste so Boost drinks was provided as a supplement. R1 stopped drinking the Boosts
14	due to diarrhea. Interview with S1 - S2 indicated Resident #1 (R1) has been taking medication A that
15	causes weight loss and decreased appetite. Six out of seven resident interviews (R1 – R7) indicated
16	they are satisfied with the meals. LPA observed lunch (BBQ pulled pork on bun or grilled cheese, an
17	Italian soup, coleslaw, and sweet potato fries) being served around 11:50 AM. LPA observed monthly
18	menu posted in the dining room.
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20	Regarding the allegation, "Staff did not provide proper meals to resident in care resulting in weight loss,"
21	based on record reviews, observation and interviews, the Department found no evidence to support the
22	allegation mentioned above. Although the allegation may have happened or is valid, there is not a
23	preponderance of evidence to prove the alleged violation did or did not occur, as a result, the allegation
24	is Unsubstantiated.
25	Allegation: Staff did not change resident's bedsheets.
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27	Record review of R1's Admission Agreement (01/03/2023) revealed basic services include clean bed
28	and bath linens weekly, or as often as needed and cleaning of resident's room. Plus bedside care and
29	tray service for minor temporary illnesses or recovery from surgery. Four out of four staff interviews (S2
30	– S3, S7 – S8) indicated residents bed linen are changed weekly or whenever soiled. S2 indicated
31	Resident #1 (R1) never complained about soiled linen. S2 indicated S3 notified S2 on 01/29/2026 that
32	Resident #1's (R1) toilet contained blood. R1 toilets independently and did not report toileting issues
	until S2 spoke with R1. Continue to LIC9099-C.

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LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 11-AS-20260203133219

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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COMPLAINT INVESTIGATION REPORT
(Cont)

EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE
340
EL SEGUNDO, CA 90245

FACILITY NAME: PALOS VERDES VILLA LLC

FACILITY NUMBER: 198201933

VISIT DATE: 02/11/2026

NARRATIVE	
1	S2 indicated staff observed blood on R1's bed linen on 01/31/2026. S3 indicated R1's linen was clean on 01/29/2026 but observed blood on 02/01/2026. Six out of seven resident interviews (R1 – R7) indicated bed linen is changed weekly and whenever soiled. LPA observed R1 sitting on bed that contained a white fitted sheet, a light green cushion pad, a sheet, blanket, and other items.
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6	Regarding the allegation, "Staff did not change resident's bedsheets" based on record reviews, observations, and interviews, the Department found no evidence to support the allegation mentioned above. 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, as a result, the allegation is Unsubstantiated.
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11	Allegation: Facility is unkempt
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16	Record review of R1's Admission Agreement (01/03/2023) revealed basic services includes cleaning of resident's room. Interview with S1 – S2, S7 – S8 indicated the rooms are deep cleaned weekly. Six out of seven resident interviews (R1 – R7) indicated housekeeping is completed weekly and they are satisfied. LPA observed the common areas to be clean and housekeepers cleaning residents' rooms.
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21	Regarding the allegation, "Facility is unkempt," based on record reviews, observations and interviews, the Department found no evidence to support the allegation mentioned above. 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, as a result, the allegation is Unsubstantiated.
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26	An exit interview was conducted and a copy of this report was provided to Administrator Assistant Linda Cardenas.
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LICENSING EVALUATOR NAME: Regina Cloyd	
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