

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198204079
Report Date: 07/21/2026
Date Signed: 07/21/2026 02:51:11 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 03/19/2026 and conducted by Evaluator Socorro Leandro

	COMPLAINT CONTROL NUMBER: 11-AS-20260319114004
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FACILITY NAME:	SPRING SENIOR ASSISTED LIVING	FACILITY NUMBER:	198204079
ADMINISTRATOR:	MONNIECE BOATWRIGHT	FACILITY TYPE:	740
ADDRESS:	20900 EARL STREET	TELEPHONE:	(310) 370-3594
CITY:	TORRANCE	STATE:	CA
CAPACITY:	51	ZIP CODE:	90503
		CENSUS:	38
		DATE:	07/21/2026
		UNANNOUNCED TIME BEGAN:	09:20 AM
MET WITH:	Administrator - Monniece Boatwright	TIME COMPLETED:	03:20 PM

ALLEGATION(S):

1	Facility does not respect resident's personal rights.
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INVESTIGATION FINDINGS:

1	On 07/21/2026, Licensing Program Analyst (LPA) Socorro Leandro conducted an unannounced
2	complaint investigation visit regarding the allegations listed above. LPA met with the Administrator,
3	Monniece Boatwright, and the purpose of the visit was explained. LPA was granted entry to the facility.
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5	Investigation consisted of the following:
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7	On 03/24/2026, a facility tour was conducted, interviews were conducted, and records were gathered.
8	Resident 2 (R2) to Resident 7 (R7) and Staff 1 (S1) to Staff 5 (S5) were interviewed, additional interviews
9	were attempted with witnesses. Facility records gathered consisted of staff roster, resident roster,
10	Resident 1's (R1) records, and other pertinent records. On 07/21/2026, interviews were conducted with
11	Witness 1 (W1) to Witness 3 (W3), records were reviewed, additional interviews were attempted with
12	witnesses and R1.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Ulysses Coronel

LICENSING EVALUATOR NAME: Socorro Leandro	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/21/2026

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 11-AS-20260319114004

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SPRING SENIOR ASSISTED LIVING	FACILITY NUMBER: 198204079
	VISIT DATE: 07/21/2026

NARRATIVE	
1	Investigation revealed the following:
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3	Allegation: "Facility does not respect resident's personal rights", it is being alleged
4	that the facility is restricting R1's communication with family/visitors via phone,
5	mail/deliveries, and visitation. Interviews conducted with R2 to R7 revealed the
6	following: 7 out of 7 residents denied the allegation, additionally residents indicated
7	that they are able to use the facility phone, receive mail, visitors, and phone calls.
8	Interviews conducted with S1 to S5 revealed the following: 5 out of 5 staff denied the
9	allegation. Interviews conducted with W1 to W3 revealed the following: 1 out of 3
10	witnesses denied the allegation; 1 out of 3 witnesses were unable to corroborate the
11	allegation; 1 out of 3 witnesses agreed with the allegation, stating that they called
12	the facility but facility staff informed them that they could not speak with R1. On
13	03/24/2026 observations of the facility revealed the following: There is a facility
14	landline telephone designated for resident use on a small desk with a chair near the
15	main entrance of the facility – a resident was observed making a phone call from
16	that telephone; there is a facility videoconferencing device (cell phone) for resident
17	use in the main office; there is a Personal Rights Poster in the small activity room;
18	visitors were allowed entrance to the facility without any restrictions. Records
19	reviewed of Visitor Log from 03/09/2026 to 03/23/2026 revealed the following: The
20	facility received several visitors a day, ranging from over 16 visitors a day to under 7
21	visitors a day; R1 received visitors on 03/09/2026, 03/13/2026, 03/15/2026,
22	03/18/2026, and 03/20/2026. Unsubstantiated: Although the allegation may have
23	happened or is valid, there is not a preponderance of evidence to prove the alleged
24	violation did or did not occur, therefore the allegation is unsubstantiated.
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26	An exit interview was conducted, and a copy of this report was left with the
27	Administrator, Monniece Boatwright.
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SUPERVISORS NAME: Ulysses Coronel	
LICENSING EVALUATOR NAME: Socorro Leandro	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/21/2026