

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198204800
Report Date: 03/21/2025
Date Signed: 03/21/2025 03:48:26 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 **02/03/2025** and conducted by Evaluator Troy Watson

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20250203171330
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FACILITY NAME: MY MOTHER'S PLACE	FACILITY NUMBER: 198204800
ADMINISTRATOR: HILDA LOZANO	FACILITY TYPE: 740
ADDRESS: 11827 ROSE AVENUE	TELEPHONE: (310) 707-7768
CITY: LOS ANGELES	STATE: CA
CAPACITY: 6	ZIP CODE: 90066
MET WITH: DAYANA BAQUEDANO - CARE GIVER	DATE: 03/21/2025
	UNANNOUNCED TIME BEGAN: 02:44 PM
	TIME COMPLETED: 03:50 PM

ALLEGATION(S):

1	Staff did not dispense medication to resident as prescribed by physician.
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INVESTIGATION FINDINGS:

1	"Please note that this amended Complaint Investigation Report LIC9099 dated 3/20/2024 will supersede
2	the original LIC9099 dated 3/12/2024 to clarify findings.
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4	On 02/12/2025, Licensing Program Analyst (LPA) Troy Watson conducted an unannounced complaint
5	investigation at the facility listed above. LPA Watson arrived at the facility and was greeted by the
6	administrator Hilda Lozano. LPA Watson explained the purpose of the visit was to investigate the
7	allegation listed above and was granted entry into the facility. On 02/12/2025 the department interviewed
8	the Administrator and requested and received the following documents: Physicians Order Medimark II,
9	Register of Facility Client/Residents Roster LIC9020, and Staff Roster Personnel Report LIC500. On
10	02/12/2025 the Department interviewed staff #1-Staff#4 and interviewed residents #1-#4, and attempt to
11	interview resident #5 was made, but it was found the (R5) was non-verbal.
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13	CONTINUED ON LIC9099-C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes

NAME OF LICENSING PROGRAM ANALYST: Troy Watson

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/21/2025

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-20250203171330

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: MY MOTHER'S PLACE

FACILITY NUMBER: 198204800

VISIT DATE: 03/21/2025

NARRATIVE

1 The investigation revealed the following:

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Allegation: Staff did not dispense medication to resident as prescribed by physician.

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On 02/12/2025 the department conducted interviews with staff#1 – staff #4 (S1-S4). The department asked the staff, do you dispense medication to resident as prescribed by the physician? Of those interviewed, 4 out of 4 staff denied the allegation. On 02/12/2025 the department interviewed residents 1 – residents 4 (R1-R4). The department attempted to interview resident #5, but (R5) was non-verbal. The department asked residents, do the staff dispense medication as prescribed by your physician? Of those interviewed, 4 out 4 residents denied the allegation. Based on the information gathered, there is insufficient evidence to support the stated allegation.

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After reviewing the medication records for resident#1 (R1) it was revealed that medication for (R1) is administered 3 times a week as prescribed by the physician. A blood test taken by Kaiser Cadillac for R1 was conducted and it was verified that the level of medication administered to R1 was normal.

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Based on the information collected from the facility inspection, observations, interviews, and records analysis, the Department found no evidence to support the above allegation. While the allegation may be valid or have occurred, there is insufficient evidence to establish whether the alleged violation took place or did not. Therefore, the allegation is deemed unsubstantiated.

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An exit interview was conducted, and a copy of this report was provided to the assistant administrator Hilda Lozano.

NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes

NAME OF LICENSING PROGRAM ANALYST: Troy Watson

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/21/2025