

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198204950

Report Date: 03/17/2026

Date Signed: 03/17/2026 12:02:12 PM

Substantiated

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 **07/14/2025** and conducted by Evaluator Ernand Dabuet

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20250714154313
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FACILITY NAME: CARSON SENIOR ASSISTED LIVING	FACILITY NUMBER: 198204950
ADMINISTRATOR: SHOLOM GOLDMAN	FACILITY TYPE: 740
ADDRESS: 345 EAST CARSON STREET	TELEPHONE: (310) 830-4010
CITY: CARSON	ZIP CODE: 90745
CAPACITY: 230	DATE: 03/17/2026
MET WITH: Jessica Ponce	UNANNOUNCED TIME BEGAN: 08:00 AM
	TIME COMPLETED: 10:00 AM

ALLEGATION(S):

1	Resident developed a pressure injury due to neglect by staff. Staff did not seek timely medical attention for resident in care.
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INVESTIGATION FINDINGS:

1	<p>***This amended report supersedes the report dated March 14, 2026. This report has been created to include detailed description of the types of pressure injuries for "Resident developed a pressure injury due to neglect by staff". All other aspects of the complaint report remain in effect. ***</p> <p>This unannounced subsequent complaint inspection is being conducted by the California Department of Social Services/Community Care Licensing (CDSS/CCL) Licensing Program Analyst (LPA) Ernand Dabuet for the purpose of delivering findings for the investigation into the above identified complaint allegations. Jessica Ponce receptionist greeted the LPA and explained that the purpose of the visit.</p> <p>(Evaluation Report continues LIC 9099-C)</p>
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE:

DATE: 03/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/17/2026

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 6

Control Number 11-AS-20250714154313

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: CARSON SENIOR ASSISTED LIVING

FACILITY NUMBER: 198204950

VISIT DATE: 03/17/2026

NARRATIVE

1 The investigation included interviews, record reviews, and a tour of the facility. Investigation conducted
2 by Investigator Philippe Ryan Miles of the CDSS Investigation Branch. Interviews with Staff member
3 S#1 - S#6 (S1-S6), Resident #2 - #10 (R2- R11) and Witness #1 (W1). The Department reviewed
4 several documents, including the Facility Resident Roster (dated 07/15/25 & 03/13/26), the Personnel
5 Report LIC 500 (dated 07/15/25 & 03/13/25), (R1's) Physician Report (LIC 602A dated 08/09/24),
6 Facility's charting notes (07/09/25 and 07/11/25), Medication Administration Record (dated 07/01/25 to
7 07/31/25), Harbor UCLA Medical Center Records (dated 07/17/25) and other pertinent records
8 associated with this complaint.

9

INVESTIGATION REVEALED THE FOLLOWING:

11 **Allegation #1: Resident developed a pressure injury due to neglect by staff.**

12

13 It is alleged that Resident #1 (R1) developed a pressure injury due to staff negligence. It was reported
14 that R1 has contracted pressure ulcers and has been scratching the tailbone. No further information is
15 available or provided.

16

17 Resident #1 (R1) was admitted to Carson Senior Assisted Living on February 17, 2020, according to the
18 Identification and Emergency Information (LIC 601, dated 02/17/25). On July 11, 2025, (R1) was
19 hospitalized at Harbor UCLA Medical Center for septic shock. During the medical assessment, it was
20 discovered that (R1) had a left trochanteric pressure ulcer, classified as Stage II, which had deteriorated,
21 increasing in size and depth. Additionally, there was a left ischial ulcer that remained unchanged at the
22 time, along with a deep tissue pressure injury (DTPI) to the sacrococcygeal area that also deteriorated,
23 presenting a non-blanching wound bed and a boggy texture upon touch.

24

25 On October 6, 2025, between 11:16 AM and 12:14 PM, the Department interviewed staff members
26 identified as Staff # 1 through Staff #5 (S1-S5). One (1) out of the five (5) staff members was able to
27 verify by observation that (R1) had some skin blister and that staff were applying ointment on the blister
28 for any skin condition. Four out of the five (5) claimed to have never observed any pressure injuries on
29 (R1). All five staff members unanimously confirmed that (R1) was hospitalized on July 11, 2025, due to a
30 significant decline in health, and importantly, were not receiving any home health or hospice care at that
31 time.

32

On September 18, 2025, at 10:19 AM, the Department interview witness identified as Witness #1 (W1).
(W1) was informed that (R1) was taken to Harbor UCLA for low blood pressure, dehydration, and bed
sores. Later, (R1) was transferred to Kaiser Permanente and passed away on July 20, 2025. (W1) noted
that (R1) did not receive home health or hospice care while at the facility.

(Evaluation Report continues LIC 9099-C)

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE:

DATE: 03/17/2026

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

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: CARSON SENIOR ASSISTED LIVING

FACILITY NUMBER: 198204950

VISIT DATE: 03/17/2026

NARRATIVE

1 The Department was unable to interview Resident #1 (R1) due to (R1's) passing on July 20, 2025.
2
3 The Department reviewed the Physician Report (LIC 602A dated 08/09/24) for Resident #1 (R1), which
4 indicated a history of skin conditions and breakdowns. The facility's charting notes documented a body
5 assessment showing that on 07/09/25, (R1) had a skin tear in the left lower buttocks. On 07/10/25, the
6 evaluation noted blisters and a skin tear on the left hip and continued breakdown in the lower buttocks.
7 By 07/11/25, (R1) was again noted to have skin breakdown.
8
9 Additionally, a review of the Medication Administration Record (dated 07/01/25 to 07/31/25) showed that
10 (R1) was prescribed (11) medications, with (10) of those having side effects that could lead to skin
11 rashes, itchy blisters, skin reactions, or peeling, which may potentially result in pressure injuries (ref:
12 National Institutes of Health).
13
14 Medical records from Harbor UCLA Medical Center indicate that (R1) developed three pressure injuries
15 while under the care and supervision of the facility. The details of the injuries are as follows:
16
17 • - Wound #1: Sacrococcygeal area (Deep Tissue Pressure Injury), measuring 13 cm x 8 cm.
18 • - Wound #2: Left ischium (Unstageable), measuring 6 cm x 3.5 cm.
19 • - Wound #3: Left trochanter (Stage 2), measuring 3.5 cm x 2 cm.
20
21
22
23 Based on the information gathered, there is sufficient evidence to support the allegation mentioned
24 above.
25
26 **Allegation #3: Staff did not seek timely medical attention for resident in care.**
27
28 It is alleged that the staff failed to seek timely medical attention for Resident #1 (R1). Reports indicate
29 that the facility neglected (R1), who was taken to the Harbor UCLA Medical Center emergency
30 department due to concerns about low blood pressure and poor food intake. Upon assessment, (R1)
31 was found to have low sodium levels, dehydration, and a pressure ulcer above the tailbone. It was
32 reported that (R1) had been eating adequately in March 2025, and that the staff had not been notified
about the bedsores. No further information is available or provided.
(Evaluation Report continues LIC 9099-C)

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE: _____
DATE: 03/17/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 03/17/2026

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: CARSON SENIOR ASSISTED LIVING

FACILITY NUMBER: 198204950

VISIT DATE: 03/17/2026

NARRATIVE

1 On October 6, 2025, between 11:16 AM and 12:14 PM, the Department interviewed a staff member,
 2 Staff #1 (S1). According to (S1), staff checked (R1)'s vitals, which showed low blood pressure,
 3 prompting them to contact 9-1-1. (R1) was transported to Harbor UCLA, where a deteriorating left
 4 trochanter Stage II pressure injury was discovered, showing an increase in size and coloration.
 5 Additionally, there was an unstageable left ischium injury that remained unchanged at the time, and an
 6 evolved Deep Tissue Pressure Injury (DPTPI) to the sacrococcygeal area that had also deteriorated,
 7 presenting a non-blanching wound bed that felt boggy to the touch.
 8
 9 (R1) was later transferred to Kaiser Permanente and passed away at the hospital on July 20, 2025.
 10 According to facility staff, (1) out of (5) staff members observed that (R1) had a skin blister and that staff
 11 were applying ointment to address the condition. However, (4) out of (5) staff members reported never
 12 having observed any pressure injuries on (R1) and (2) out of the (5) staff members recognized a change
 13 in mental and physical change in condition.
 14
 15 Nevertheless, the facility's charting notes documented a body assessment showing that on 07/09/25,
 16 (R1) had a skin tear in the left lower buttocks. On 07/10/25, the evaluation noted blisters and a skin tear
 17 on the left hip and continued breakdown in the lower buttocks. By 07/11/25, R1 was again noted to have
 18 skin breakdown. The charting notes indicate that Resident 1 (R1) is exhibiting signs of weakness and
 19 requires assistance during mealtimes. Additionally, (R1) had been showing a noticeable decline in
 20 appetite, often refusing to eat or showing little interest in food.
 21
 22 The Department was unable to interview Resident #1 (R1) due to (R1's) passing on July 20, 2025.
 23
 24 The Department reviewed the Physician Report (LIC 602A dated 08/09/24) for Resident #1 (R1), which
 25 indicated a history of skin conditions and breakdowns. The facility's charting notes documented a body
 26 assessment showing that on 07/09/25, (R1) had a skin tear in the left lower buttocks. On 07/10/25, the
 27 evaluation noted blisters and a skin tear on the left hip and continued breakdown in the lower buttocks.
 28 By 07/11/25, R1 was again noted to have skin breakdown.
 29
 30 Additionally, a review of the Medication Administration Record (dated 07/01/25 to 07/31/25) showed that
 31 (R1) was prescribed (11) medications, with (10) of those having side effects that could lead to skin
 32 rashes, itchy blisters, skin reactions, or peeling, which may potentially result in pressure injuries (ref:
 National Institutes of Health).

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/17/2026

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
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FACILITY NAME: CARSON SENIOR ASSISTED LIVING **FACILITY NUMBER:** 198204950
VISIT DATE: 03/17/2026

NARRATIVE

1 The medical records from Harbor-UCLA Medical Center reveal that (R1) has been experiencing a
 2 significant decline in eating habits, raising concerns about malnutrition. Additionally, laboratory tests
 3 showed dangerously low sodium levels, which can lead to serious health complications. (R1) was
 4 suffering from dehydration, suggesting inadequate fluid intake, and has developed bed sores due to
 5 prolonged immobility. These changes in (R1's) condition necessitate prompt medical intervention to
 6 address these health issues.
 7
 8 Based on the information gathered, there is sufficient evidence to support the allegation mentioned
 9 above.
 10
 11 Based on the evidence gathered, interviews conducted, and records reviewed, the preponderance of
 12 evidence standard has been met; therefore, the above-mentioned allegations are found to be
 13 **SUBSTANTIATED.**
 14
 15

16 California Code of Regulations (Title 22, Division 6, Chapter 8), the above-mentioned deficiencies were
 17 observed, and citation issued (ref. LIC 9099 D).
 18
 19 An exit interview was conducted with Jessica Ponce , and copies of the report and appeal rights were
 20 provided.
 21
 22 ***Immediate Civil Penalty issued***
 23
 24 **ECP: At this time, an enhanced civil penalty determination is pending in reference to Health & Safety**
 25 **Code 1569.49(f) For a violation that the department determines constitutes physical abuse, as defined in**
 26 **Section 15610.63 of the Welfare and Institutions Code, or resulted in serious bodily injury, as defined in**
 27 **Section 15610.67 of the Welfare and Institutions Code, to a resident, the civil penalty shall be ten**
 28 **thousand dollars (\$10,000)**
 29
 30
 31
 32

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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: CARSON SENIOR ASSISTED LIVING **FACILITY NUMBER:** 198204950
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/17/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/18/2026 Section Cited CCR 87631(a)(1)	1 87631 Healing Wounds- (a)The 2 licensee shall be permitted to accept or 3 retain a resident who has a healing 4 wound under the following 5 circumstances: (1)When care is 6 performed by or under the supervision 7 of an appropriately skilled professional. This requirement was not met as evidenced by:	1 Administrator and staff shall take state 2 approved vendored training on 87631 3 Healing wounds. Submit vendor name, 4 address, vendor number and phone 5 number with date of training. Plan of 6 correction must be submitted to 7 ernand.dabuet@dss.ca.gov by 03/18/26.
	8 Based interviews and record review, the 9 facility did not ensure that (R1)'s 10 pressure injuries were cared for by an 11 appropriately skilled professional. This 12 violation poses an immediate health 13 and safety risk to residents in care. 14	
Type A 03/18/2026 Section Cited CCR 87466	1 87466 Observation of the Resident - 2 The licensee shall ensure that residents 3 are regularly observed for changes in 4 physical, mental, emotional and social 5 functioning and that appropriate 6 assistance is provided when such 7 observation reveals unmet needs... This requirement was not met as evidenced by:	1 Administrator and staff shall take state 2 approved vendored training recognizing 3 resident's change in health condition. 4 Submit vendor name, address, vendor 5 number and phone number with date of 6 training. Plan of correction must be 7 submitted to ernand.dabuet@dss.ca.gov by 03/18/26.
	8 Based on interviews and record review, 9 the administrator did not take	

10	appropriate action or assistance timely	10
11	medical attention for (R1) when	11
12	noticeable changes were observed in	12
13	(R1)'s condition. This violation poses an	13
14	immediate health and safety risk to	14
	residents in care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Janae Hammond	
LICENSING EVALUATOR NAME: Ernand Dabuet	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/17/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/17/2026