

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198204972
Report Date: 09/09/2026
Date Signed: 09/09/2026 04:07:07 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 **07/15/2026** and conducted by Evaluator Felisa Shirley

	COMPLAINT CONTROL NUMBER: 11-AS-20260715132715
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FACILITY NAME: ROSECRANS VILLA RESIDENTIAL CARE		FACILITY NUMBER: 198204972
ADMINISTRATOR: SANDRA LOPEZ		FACILITY TYPE: 740
ADDRESS: 14110 CORDARY AVENUE		TELEPHONE: (310) 675-9163
CITY: HAWTHORNE		ZIP CODE: 90250
CAPACITY: 135		DATE: 09/09/2026
STATE: CA		UNANNOUNCED TIME BEGAN: 03:47 PM
CENSUS: 110		TIME COMPLETED: 04:00 PM
MET WITH: Sandra Lopez, Administrator		

ALLEGATION(S):

1	Staff did not prevent residents from attacking other residents
2	Staff filed a false 5150 report on a resident
3	Staff do not safeguard residents' personal belongings
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INVESTIGATION FINDINGS:

1	*This report serves as an amendment to clarify findings. It does not supersede the complaint investigation findings reflected on the report created 7/22/26.
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4	On 7/22/26, Licensing Program Analyst (LPA) Felisa Shirley conducted an unannounced visit to this facility. LPA was met by the Administrator, Sandra Lopez and explained the purpose of the visit is to investigate and deliver findings for the allegations mentioned above. LPA was granted access to the facility. The investigation consisted of the following: On 7/22/26 LPA Shirley reviewed copies of the following records: Staff and Resident Roster, Admissions Agreement, Identification and Emergency Contact, Medical Assessment for Residential Care Facilities for the Elderly, Appraisal/Needs and Services Plan, Unusual Incident/Injury Report, Copy of Hawthorne P.D. Business Card, Application for up to 72 Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment and Administrator's Progress Records. LPA Felisa Shirley conducted a tour of the facility. LPA Shirley interviewed Staff 1 – Staff 8 (S1 – S8), and Resident 1 – Resident 6 (R1-R6). Con'd on 9099-C
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SUPERVISORS NAME: Stephanie Cifuentes

LICENSING EVALUATOR NAME: Felisa Shirley

LICENSING EVALUATOR SIGNATURE:

DATE: 09/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/09/2026

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-20260715132715

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: ROSECRANS VILLA RESIDENTIAL CARE

FACILITY NUMBER: 198204972

VISIT DATE: 09/09/2026

NARRATIVE

1 The investigation revealed the following:

2

3 Allegation: Staff did not prevent residents from attacking other residents

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5 It is being alleged that R1's walking cane accidentally touched R6 as R1 was getting his food. On 7/22/26, LPA Felisa
6 Shirley reviewed a Shift Report dated 5/31/26 written by S3. S3 reported that R1 was observed being aggressive
7 with R6 as R1's walking cane hit R6 as he squatted on floor near the dining room. During interview with S7 on
8 7/22/26, S7 went to R1's room to assess his condition and determine the cause of his distress. As S7 attempted to
9 gather additional information, R1 became increasingly agitated and began screaming in his room. LPA Shirley
10 interviewed R6 on 7/22/26, regarding the reported altercation. When asked about the incident, the resident stated
11 that they did not recall the altercation and was unable to provide any additional details.

12

13 LPA interviewed staff 1 – staff 8 (S1 – S8). Of those interviewed 8 out of 8 denied the allegation. LPA interviewed
14 resident 1 – resident 6 (R1 – R6). Of those who interviewed 5 out of 6 denied the allegation. One resident
15 confirmed the allegation and stated that it's hard to explain, then they ended the interview.

16

17 Based on information gathered, LPA did not find sufficient evidence to support the allegation "Staff did not prevent
18 residents from attacking other residents," therefore, the allegation is unsubstantiated.

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20 Allegation: Staff filed a false 5150 report on a resident

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22 It is being alleged that R1 was put on a 72-hour 5150 hold. On 7/22/26, LPA Shirley observed an incident report
23 dated 6/3/26, stating that R1 was placed on a 5150 hold by the Psychiatric Emergency Team, (PET) on 6/1/26, by
24 the clinician due to R1 being a danger to others and escalating aggressive behaviors. During file review, LPA Shirley
25 observed the Application for up to 72 Hour Assessment, Evaluation, and Crisis Intervention or Placement for
26 Evaluation and Treatment dated 6/1/26, due to escalating aggressive behavior and recent attempts to physically
27 assault another resident. LPA Shirley received and reviewed a Shift Report written by S2 on 6/1/26, stating staff
28 reported multiple incidents of unprovoked aggressive behavior from R1. Per interview with the Administrator, S1
29 on 7/22/26, R1 accidentally hit R6 with his cane and became very upset and aggressive. S1 stated that R1 didn't
30 want to speak to anyone. R1 would not open his door. R1 called the Hawthorne P. D. S1 stated that she facetimes
31 the clinician. The clinician remained on the phone throughout the entire incident and directly witnessed and
32 observed all events as they occurred. Based on his assessment of the situation, he made the clinical decision to
place R1 on a 5150 involuntary psychiatric hold.

Con'd on 9099-C

SUPERVISORS NAME: Stephanie Cifuentes

LICENSING EVALUATOR NAME: Felisa Shirley

LICENSING EVALUATOR SIGNATURE:

DATE: 09/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/09/2026

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COMPLAINT INVESTIGATION REPORT
(Cont)

FACILITY NAME: ROSECRANS VILLA RESIDENTIAL CARE

FACILITY NUMBER: 198204972
VISIT DATE: 09/09/2026

NARRATIVE	
1	LPA interviewed staff 1 – staff 8 (S1 – S8). Of those interviewed 8 out of 8 denied the allegation. One staff did not
2	know. LPA interviewed resident 1 – resident 6 (R1 – R6). Of those who interviewed 4 out of 6 denied the allegation.
3	One resident confirmed it and 1 didn’t want to talk.
4	
5	Based on information gathered, LPA did not find sufficient evidence to support the allegation “Staff filed a false
6	5150 report on a resident,” therefore, the allegation is unsubstantiated.
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8	Allegation: Staff do not safeguard residents' personal belongings
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10	It is being alleged that when R1 returned to the facility on 6/8/26, he discovered that his refrigerator was turned
11	off causing his food to spoil. Per interview with R1 on 7/22/26, R1 was away from the facility from 6/1/26 to
12	6/8/26. Upon returning to the facility, R1 stated that the Administrator, S1, had instructed S8 to turn R1’s
13	refrigerator off in his absence. LPA Shirley interviewed S8 on 7/22/26, and S8 verified that they were not asked to
14	turn R1’s refrigerator off.
15	
16	LPA interviewed staff 1 – staff 8 (S1 – S8). Of those interviewed 8 out of 8 denied the allegation. LPA interviewed
17	resident 1 – resident 6 (R1 – R6). Of those who interviewed 5 out of 6 denied the allegation. One stated again, she
18	didn’t want to talk
19	
20	Based on information gathered, LPA did not find sufficient evidence to support the allegation “Staff do not
21	safeguard residents' personal belongings,” therefore, the allegation is unsubstantiated.
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23	No deficiencies were cited for these allegations.
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25	An exit interview was conducted and a copy of this report was provided to the Administrator, Sandra Lopez.
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SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Felisa Shirley
LICENSING EVALUATOR SIGNATURE:

DATE: 09/09/2026

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