

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198205024
Report Date: 08/27/2025
Date Signed: 08/27/2025 04:58:31 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 **08/20/2025** and conducted by Evaluator Troy Watson

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20250820150324
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FACILITY NAME: HACIENDA GRANDE SENIOR ASSISTED LIVING	FACILITY NUMBER: 198205024
ADMINISTRATOR: LORENZONA ELVIE MEDINA	FACILITY TYPE: 740
ADDRESS: 1740 GRAND AVENUE	TELEPHONE: (562) 597-7753
CITY: LONG BEACH	STATE: CA ZIP CODE: 90804
CAPACITY: 120	CENSUS: 48 DATE: 08/27/2025
MET WITH: Administrator - Lorenzona Medina	UNANNOUNCED TIME BEGAN: 12:45 PM
	TIME COMPLETED: 04:58 PM

ALLEGATION(S):

1	Staff speak to resident inappropriately.
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INVESTIGATION FINDINGS:

1	On 08/27/2025 Licensing Program Analyst (LPA) Troy Watson made an unannounced complaint visit to
2	the above listed facility. LPA Watson was greeted by the Administrator Lorenzona Medina and explained
3	the purpose of this visit is to investigate the allegation mentioned above.
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5	The investigation consisted of the following:
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7	LPA Watson conducted interviews with residents and staff. LPA Watson requested, obtained and
8	reviewed the following documents: Resident Roster, Employee Roster, Physicians Reports, Resident
9	Appraisals, and Incident Report, for Resident#1-Residents#6 (R1-R6). On 08/27/2025 LPA Watson
10	conducted interviews with Residents #1 - Residents #6 (R1-R6) and Staff #1- Staff #6 (S1-S6). LPA
11	Watson toured the facility with administrator Lorenzona Medina and observed the facility clean and in
12	good repair.
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: 08/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2025

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-20250820150324

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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: HACIENDA GRANDE SENIOR ASSISTED LIVING

FACILITY NUMBER: 198205024

VISIT DATE: 08/27/2025

NARRATIVE

1 The investigation revealed the following:

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3 Allegation: Staff speak to residents inappropriately.

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5 On 08/27/2025 LPA Watson interviewed Residents #1 - Residents #6 (R1-R6). Of those interviewed, 6
6 out of 6 staff denied the above allegation. On 08/27/2025 LPA Watson conducted interviews with Staff#1
7 - Staff #6 (S1-S6). Of those interviewed, 5 out of 6 staff denied the above allegation. LPA Watson
8 requested, and obtained an Unusual Incident Report and it showed no documented evidence that
9 residents were spoken to inappropriately by staff. Based on interviews, records, observations there is
10 insufficient evidence to support the allegation: Staff speak to residents inappropriately. Although the
11 allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged
12 violation did or did not occur, therefore the allegation is Unsubstantiated.

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14 An exit interview was conducted with the Administrator Lorenzonia Medina and a copy of this report was
15 provided.

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NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes

NAME OF LICENSING PROGRAM ANALYST: Troy Watson

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/27/2025

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FACILITY REPRESENTATIVE SIGNATURE:

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