

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198205024
Report Date: 08/14/2026
Date Signed: 08/14/2026 02:55:40 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 08/07/2026 and conducted by Evaluator Deborah Lee

	COMPLAINT CONTROL NUMBER: 11-AS-20260807135218	
FACILITY NAME: HACIENDA GRANDE SENIOR ASSISTED LIVING		FACILITY NUMBER: 198205024
ADMINISTRATOR: LORENZONA ELVIE MEDINA		FACILITY TYPE: 740
ADDRESS: 1740 GRAND AVENUE	CITY: LONG BEACH	TELEPHONE: (562) 597-7753
CAPACITY: 120	STATE: CA	ZIP CODE: 90804
	CENSUS: 57	DATE: 08/14/2026
	UNANNOUNCED	TIME BEGAN: 12:04 PM
MET WITH: Rodrigo Ramos		TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Licensee did not surrender resident's cash resources to their responsible party upon discharge
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INVESTIGATION FINDINGS:

1	On August 14, 2026, the Department of Social Services (DSS) staff conducted an initial unannounced complaint visit at the facility to investigate the above allegation and to deliver the findings. The department was greeted by Rodrigo Ramos, and the purpose of the visit was explained. The investigation consisted of the following On August 14, 2026, the Department obtained the following pertinent documents: R1's Admission Agreement (dated 4/14/26), Payment invoice to POA (dated 7/1/26), copy of check payable to R1's Power of Attorney (POA) and copy of proof mailing of the payment. On August 14, 2026, the Department interviewed Chief Executive Officer (A1)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Eva M Alvarez	
LICENSING EVALUATOR NAME: Deborah Lee	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/14/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/14/2026

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-20260807135218

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: HACIENDA GRANDE SENIOR ASSISTED LIVING	FACILITY NUMBER: 198205024
VISIT DATE: 08/14/2026	

NARRATIVE	
1	The investigation revealed the following
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3	Allegation: Licensee did not surrender resident's cash resources to their
4	responsible party upon discharge
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6	The detail of complaint alleges on July 1, 2026, R1 was not going to return to the
7	facility due to requiring a higher level of care. The Power of Attorney (POA) asked
8	Licensee for the cash resources the facility was safeguarding, and as of the date of
9	complaint, the funds still has not been released
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11	On August 14, 2026, at 1:00 p.m., the Department interviewed the Chief Executive
12	Officer (A1) regarding the allegation that the Licensee did not surrender the
13	resident's cash resources to the responsible party upon discharge. A1 denied the
14	allegation, stating that the resident's cash resources were in the process of being
15	returned to the Power of Attorney (POA). A1 further explained that there were no
16	issues regarding the return of the funds.
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18	On August 14, 2026, the Department also reviewed and evaluated the following
19	documents: a payment invoice (dated 7/1/26) and a copy of the check payable to the
20	POA (dated 8/14/26). These documents confirm that the funds are being returned,
21	and the payment matter has been resolved.
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23	Based on the information gathered, there is insufficient evidence to support the
24	allegation mentioned above; Although the allegation may have happened or is valid,
25	there is not a preponderance of evidence to prove the alleged violation did or did not
26	occur, therefore the allegation is <u>UNSUBSTANTIATED</u> .
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28	Exit interview conducted with Rodrigo Ramos. There were no deficiencies cited
29	during today's visit. Copy of report provided.
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32	Page 2 of 2

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LICENSING EVALUATOR NAME: Deborah Lee	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/14/2026
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