

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320032
Report Date: 12/10/2025
Date Signed: 12/10/2025 05:10:18 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/02/2025** and conducted by Evaluator Pamela Bunker

	COMPLAINT CONTROL NUMBER: 11-AS-20251202145430
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FACILITY NAME: KENSINGTON REDONDO BEACH, THE	FACILITY NUMBER: 198320032
ADMINISTRATOR: MAY, ROBERT	FACILITY TYPE: 740
ADDRESS: 801 S PACIFICA COAST HIGHWAY	TELEPHONE: (424) 241-2064
CITY: REDONDO BEACH	STATE: CA
CAPACITY: 132	ZIP CODE: 90277
	CENSUS: 117
MET WITH: Robert May	DATE: 12/10/2025
	UNANNOUNCED TIME BEGAN: 10:29 AM
	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Staff do not allow the residents to choose their own physician
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INVESTIGATION FINDINGS:

1	On December 10, 2025, the Department conducted an initial visit to gather information regarding the
2	allegation mentioned above. The Department met with Executive Director Robert May and explained the
3	purpose of today's visit. LPA was granted entry to the facility.
4	
5	The investigation consisted of the following:
6	• On December 10, 2025, the Department requested, reviewed, and obtained copies of the following
7	documents:
8	• Personnel Report (dated November 25, 2025)
9	• Resident Roster (dated December 10, 2025)
10	• Letter regarding Medical Director changes (dated November 6, 2025)
11	Interviews were conducted with Staff Members #1 through #4 (S1-S4) as well as with Residents #1
12	through #6 (R1-R6).
13	See continued LIC9099-C, page 2.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Stephanie Cifuentes

LICENSING EVALUATOR NAME: Pamela Bunker

LICENSING EVALUATOR SIGNATURE:

DATE: 12/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/10/2025

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-20251202145430

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KENSINGTON REDONDO BEACH, THE

FACILITY NUMBER: 198320032

VISIT DATE: 12/10/2025

NARRATIVE

1 Continued LIC9099-C page 2

2
3 Investigation revealed the following:

4 Allegation: Staff do not allow residents to choose their own physician.

5 On December 10, 2025, between 11:30 a.m. and 4:30 p.m., the Department conducted interviews with
6 Staff #1 through #4 (S1-S4). S1-S4 stated that on November 6, 2025, a letter regarding the Medical
7 Director changes was emailed to all residents' families, responsible parties, Power of Attorney (POA),
8 conservators, and a copy was provided to every resident in the facility. The letter was displayed at the
9 front desk, with additional copies available for anyone to take. All four staff members (4 out of 4)
10 confirmed that residents are allowed to choose their own physicians. Staff reported that residents had
11 the option to retain their previous Medical Director or switch to the facility's new Medical Director. All four
12 staff members stated that residents who had been under the facility's previous physician elected to
13 switch for various reasons. Staff further states that the facility has never refused to allow any physician
14 to enter. The Medical Director changes were documented in residents' medical records, effective
15 November 23, 2025. S1-S4 denied the allegation.

17 On October 31, 2025, between 2:30 p.m. and 3:30 p.m., the Department interviewed Residents #1
18 through #6 (R1-R6). When asked whether staff forced residents to switch their physician to the facility's
19 new physician, all six residents (6 out of 6) stated they had options and were allowed to select their own
20 physician. Residents confirmed they received a copy of the letter regarding the Medical Director
21 changes, and that their families, responsible parties, Power of Attorney (POA), and conservators also
22 received the letter. All six residents reported they had no concerns with the changes and agreed to
23 them. Each resident (6 out of 6) confirmed they are satisfied with their current physician and denied the
24 allegation.

26 Based on interviews, available evidence, observation, information received, and records reviewed there
27 was not enough sufficient evidence to support the allegations. Although the allegation may have
28 happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did
29 not occur, therefore the allegation is deemed unsubstantiated.

31 There were no deficiencies cited. LPA Bunker provided Executive Director Robert May with copies of the
32 LIC9099 and LIC9099-C Complaint Investigation Reports.

An exit interview was conducted.

SUPERVISORS NAME: Stephanie Cifuentes

LICENSING EVALUATOR NAME: Pamela Bunker

LICENSING EVALUATOR SIGNATURE:

DATE: 12/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/10/2025