

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320089

Report Date: 02/25/2026

Date Signed: 02/25/2026 03:30:08 PM

Substantiated

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 **01/20/2026** and conducted by Evaluator Socorro Leandro

	COMPLAINT CONTROL NUMBER: 11-AS-20260120120410
--	---

FACILITY NAME: MERRILL GARDENS AT ROLLING HILLS ESTATES	FACILITY NUMBER: 198320089
ADMINISTRATOR: TRACEY E HOLDER	FACILITY TYPE: 740
ADDRESS: 627 SILVER SPUR RD	TELEPHONE: (310) 974-3339
CITY: ROLLING HILLS	STATE: CA
CAPACITY: 150	ZIP CODE: 90274
	CENSUS: 99
	DATE: 02/25/2026
	UNANNOUNCED TIME BEGAN: 09:00 AM
MET WITH: General Manager - Tracey Mallaret	TIME COMPLETED: 03:40 PM

ALLEGATION(S):

1	Staff did not dispense medications as prescribed
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 2/25/2026, Licensing Program Analyst (LPA) Socorro Leandro conducted an unannounced
2	continuation complaint investigation visit regarding the allegation listed above. LPA met with the General
3	Manager, Tracey Mallaret, and the purpose of the visit was explained. LPA was granted entry to the
4	facility.
5	
6	Investigation consisted of the following:
7	
8	On 1/22/2026, Witness 1 (W1) was interviewed. On 1/26/2026, interviews were conducted, medications
9	along with Medication Administration Records (MARs) were reviewed, and records were gathered. Staff 1
10	(S1) to Staff 5 (S5) were interviewed. Facility records were gathered which consisted of Resident Roster
11	dated 1/23/2026, Personnel Report dated 1/26/2026, Staff Trainings, MARs, Unusual Incident/Injury
12	Reports (UIRs) and other pertinent records were provided. On 2/25/2026, interviews were conducted,
13	medications along with MARs were reviewed, and records were reviewed. Staff 2 (S2), S5, Staff 6 (S6), and Staff 7 (S7) were interviewed.

Substantiated	Estimated Days of Completion:
----------------------	--------------------------------------

SUPERVISORS NAME: Ulysses Coronel
LICENSING EVALUATOR NAME: Socorro Leandro
LICENSING EVALUATOR SIGNATURE:

DATE: 02/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/25/2026

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 3

Control Number 11-AS-20260120120410

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: MERRILL GARDENS AT ROLLING HILLS ESTATES

FACILITY NUMBER: 198320089

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/25/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/25/2026 Section Cited CCR 87465(a)(4)	1 87465 Incidental Medical and Dental 2 Care (a) A plan for incidental medical 3 and dental care shall be developed by 4 each facility. The plan shall encourage 5 routine medical and dental care and 6 provide for assistance in obtaining such 7 care, by compliance with the following: (4) The licensee shall assist residents with self-administered medications as needed. This requirement is not met as evidenced by:	1 The facility informed R1's & R2's 2 responsible party, physicians, hospice, 3 facility staff, retrained staff, and 4 submitted Unusual Incident Reports to 5 the Department. The facility retrained 6 staff on 7
	8 Based on records review and interviews 9 conducted, the licensee did not comply 10 with the section cited above in not 11 providing Resident 1 and Resident 2 12 with medications as prescribed on 13 01/03/2026, which poses a potential 14 health, safety or personal rights risk to persons in care.	8 Medication Administration on 9 1/21/2026. 10 11 Copies of POCs have been provided to 12 LPA Socorro Leandro. 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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: Ulysses Coronel
LICENSING EVALUATOR NAME: Socorro Leandro
LICENSING EVALUATOR SIGNATURE:

DATE: 02/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/25/2026

Control Number 11-AS-20260120120410

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: MERRILL GARDENS AT ROLLING HILLS
ESTATES

FACILITY NUMBER: 198320089

VISIT DATE: 02/25/2026

NARRATIVE

1 Investigation revealed the following

2
3
4 Allegation: "Staff did not dispense medications as prescribed", it is being
5 alleged that the facility has made medication errors. Interviews conducted
6 with S1 to S7 revealed the following: 7 out of 7 staff agreed with the
7 allegation. Interviews conducted with W1 revealed the following: 1 out of 1
8 witness agreed with the allegation. UIRs for Resident 1 (R1) and Resident
9 2 (R2) revealed the following: On 1/3/2026, R1 received R2's medication in
10 error; R2 did not receive their noon medication as prescribed; the facility
11 contacted R1's and R2's responsible party, physician, hospice, facility staff,
12 and retrained staff who committed medication error. Progress Notes for R1
13 and R2 revealed the following: On 1/3/2026, facility staff conducted an
14 investigation and found that R1 was provided with two medication tablets
15 that belong to R2 during noon time, and R2 did not receive their scheduled
16 noon medication. Staff trainings revealed the following: The staff who
17 committed the medication error was retrained on "Skills Evaluation-
18 Medication Assistance" dated 1/7/2026. The facility retrained staff on
19 "Annual Medication Training" on 1/21/2026. Substantiated: Based on
20 interviews and records reviewed, the preponderance of evidence standard
21 has been met, therefore the above allegation is found to be substantiated.
22 California Code of Regulations, Title 22, Division 6 and Chapter 8 are being
23 cited on the attached LIC 9099D.

24
25
26
27
28
29
30
31
32
An exit interview was conducted, and a plan of correction was developed.
Appeal Rights and a hard copy of this report were provided to General
Manager, Tracey Mallaret.

SUPERVISORS NAME: Ulysses Coronel

LICENSING EVALUATOR NAME: Socorro Leandro

LICENSING EVALUATOR SIGNATURE:

DATE: 02/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/25/2026