

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320196
Report Date: 03/26/2026
Date Signed: 03/26/2026 02:16:48 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 03/18/2026 and conducted by Evaluator Jose Anguiano

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260318151924
FACILITY NAME: AGING ETERNITY RETIREMENT HOME 1	FACILITY NUMBER: 198320196
ADMINISTRATOR: TRAKHTENBERG, NATALYA	FACILITY TYPE: 740
ADDRESS: 2572 S. BENTLEY AVE	TELEPHONE: (818) 519-3247
CITY: LOS ANGELES	ZIP CODE: 90064
CAPACITY: 6	DATE: 03/26/2026
	UNANNOUNCED TIME BEGAN: 08:40 AM
MET WITH: Natalya Trakhtenberg	TIME COMPLETED: 02:30 PM

ALLEGATION(S):

1	Staff did not treat resident with respect
2	Staff refused to give resident water
3	Staff gave resident medication without authorized representatives consent
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INVESTIGATION FINDINGS:

1	On 03/26/2026 at approximately 9:00 AM, Licensing Program Analyst (LPA) Jose Anguiano conducted an unannounced complaint visit. LPA met with Administrator/Licensee Natalya Trakhtenberg.
2	The investigation consisted of the following:
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4	On 03/26/2026, the Department interviewed three residents (R1–R3) and four staff members (S1–S4).
5	LPA also conducted interviews via telephone with three witnesses (W1–W3). Additionally, LPA conducted
6	observations of the facility and reviewed records including the resident’s file, physician’s report (LIC 602),
7	hospice records, and medications on hand.
8	The investigation revealed the following:
9	Regarding the allegation “Staff did not treat resident with respect,” it is being alleged that staff verbally
10	abused the resident. Interviews conducted revealed the following: Witness (W1) did not witness any
11	concerns firsthand and reported information received from a third party.
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13	Please see report continuation on (LIC9099-C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Ulysses Coronel LICENSING EVALUATOR NAME: Jose Anguiano LICENSING EVALUATOR SIGNATURE:		DATE: 03/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 03/26/2026

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-20260318151924

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 (Cont)	

FACILITY NAME: AGING ETERNITY RETIREMENT HOME 1 **FACILITY NUMBER:** 198320196
VISIT DATE: 03/26/2026

NARRATIVE	
1	Witness (W2) reported one statement allegedly made by staff (“shush” or “shut up”); however, W2 did
2	not witness any abuse and reported no additional concerns. W2 further stated the resident can be
3	difficult at times and may have misinterpreted staff statements, including possibly hearing “hush” instead
4	of “shut up.” (W3) reported not witnessing any concerns firsthand and only received information from a
5	third party. W3 declined to provide additional details. Staff (S1–S4) denied the allegation. Residents
6	interviewed (R1–R3) indicated staff are respectful. Observations revealed the following: Staff were
7	observed to be calm, respectful, and attentive to residents. No observations were made that support
8	staff mistreatment. Records review revealed the following: No documentation was found supporting the
9	allegation of verbal abuse. The resident’s records indicate mild cognitive impairment, history of anxiety,
10	and significant medical decline, which may impact perception and reporting. Based on the evidence
11	gathered, interviews conducted, observations, and records reviewed, although the allegation is valid and
12	may have occurred, there is not a preponderance of evidence to prove the alleged violation occurred.
13	Therefore, the allegation is unsubstantiated.
14	Regarding the allegation “Staff refused to give resident water,” it is being alleged that staff denied the
15	resident hydration upon request. Interviews conducted revealed the following: Staff (S1–S2) reported
16	that residents are routinely encouraged to drink fluids. Residents interviewed (R1–R3) reported they
17	receive water and did not express concerns regarding hydration. No witness reported denial of water.
18	Observations revealed the following: Water was observed to be accessible in resident rooms and dining
19	areas. Residents had water available at bedside. Based on the evidence gathered, interviews conducted
20	and observations although the allegation is valid and may have occurred, there is not a preponderance
21	of evidence to prove the alleged violation occurred. Therefore, the allegation is unsubstantiated.
22	Regarding the allegation “Staff gave resident medication without authorized representative consent,” it is
23	being alleged that the resident was administered (Ativan) without consent. Interviews conducted
24	revealed the following: Witness (W1) did not witness medication administration and reported
25	secondhand information. Staff (S1–S4) reported medications are administered per physician and/or
26	hospice orders. Observations revealed the following: Medications observed on site were consistent with
27	physician orders. Records review revealed the following: The resident’s records and hospice
28	documentation indicate the resident was under hospice care, and medications observed were consistent
29	with treatment for the resident’s medical condition. Lorazepam (brand name Ativan) was observed
30	among the residents’ medications and is consistent with physician and hospice-ordered treatment.
31	Please see report continuation on (LIC9099-C)
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SUPERVISORS NAME: Ulysses Coronel LICENSING EVALUATOR NAME: Jose Anguiano LICENSING EVALUATOR SIGNATURE:		DATE: 03/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 03/26/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 11-AS-20260318151924

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

340
EL SEGUNDO, CA 90245

FACILITY NAME: AGING ETERNITY RETIREMENT HOME 1

FACILITY NUMBER: 198320196

VISIT DATE: 03/26/2026

NARRATIVE

1	Based on the evidence gathered, interviews conducted, observations, and records reviewed, although the allegation is valid and may have occurred, there is not a preponderance of evidence to prove the alleged violation occurred. Therefore, the allegation is unsubstantiated. An exit interview was conducted, and a copy of this Complaint Report was given to the administrator.
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SUPERVISORS NAME: Ulysses Coronel	
LICENSING EVALUATOR NAME: Jose Anguiano	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/26/2026
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