

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320197
Report Date: 01/07/2026
Date Signed: 01/07/2026 01:32:25 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 **06/11/2025** and conducted by Evaluator Bernadette Allen

	COMPLAINT CONTROL NUMBER: 11-AS-20250611154001
--	---

FACILITY NAME: PLAZA AT WESTWOOD, THE	FACILITY NUMBER: 198320197
ADMINISTRATOR: LUZ EMMA ROSE	FACILITY TYPE: 740
ADDRESS: 2228 WESTWOOD BLVD	TELEPHONE: (310) 475-8861
CITY: LOS ANGELES	ZIP CODE: 90064
CAPACITY: 136	DATE: 01/07/2026
MET WITH: Luz Rose-Administrator	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 01:45 PM

ALLEGATION(S):

1	Resident sustained multiple pressure injuries due to lack of care from staff Staff did not ensure that resident's hygiene needs were met.
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 01/07/2026, At 10:00 AM, Licensing Program Analyst (LPA) Bernadette Allen conducted an unannounced visit to conduct interviews and deliver the findings for the allegations listed above. LPA Allen met with Theresa Cruz-Pascual and she was informed of the purpose of the visit. The investigation consisted of the following: Interviews with staff members 1-6 (S1-S6) and Residents 1-7 (S1-S7). A review of Resident 1(R1) file which consisted of Marlora Post Acute Rehabilitation Hospital dated 5/10/2025, UCLA-discharge instructions dated 1/15/2023-1/17/2023 that includes Home Health Service Agency Accute Care UCLA Health Inc. Medlife Supply Orders dated 1/5/2023, after visit care dated 11/8/2022, with medication list, Pre-placement appraisal dated 6/10/2022 and 8/30/2022, Needs and service plan dated 8/30/2022, Physicians Report dated 8/30/2022, Admissions agreement dated 8/30/2022, Identification and emergency information dated 10/7/2022, Intra Care Home Health Providers Inc. Continued....
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Bernadette Allen
LICENSING EVALUATOR SIGNATURE:

DATE: 01/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/07/2026

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-20250611154001

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: PLAZA AT WESTWOOD, THE

FACILITY NUMBER: 198320197

VISIT DATE: 01/07/2026

NARRATIVE

1 Notes and UCLA internal Medicine & Pediatrics Progress Notes Post-discharge follow-up dated
2 5/8/2025.
3

4 **The investigation revealed the following:**
5

6 **Allegation 1: Resident sustained multiple pressure injuries due to lack of care from staff.**
7

8 On 09/24/2025, LPA conducted phone interviews with staff members 1-6 (S1-S6) and 6 out of 6 staff
9 members stated Resident 1 (R1) was regularly assisted by staff with care for pressure injuries whenever
10 R1 allowed assistance. Staff also reported that on several occasions, R1 refused and discontinued
11 wound care services provided by Intra Care Home Health Providers Inc.
12
13
14

15 On 01/07/2026, LPA conducted interviews with Residents 1-7 (R1-R7) and 6 out of 7 residents stated
16 that they have never sustained multiple pressure injuries, either in the past or currently, while at the
17 facility due to lack of staff care. These residents also expressed confidence that if they were to develop
18 pressure injuries, staff would provide appropriate care. LPA attempted to interview R1; however, R1 no
19 longer resides at the facility.
20
21
22

23
24 **Allegation 2: Staff did not ensure that resident's hygiene needs were met.**
25
26

27 On 09/24/2025, LPA conducted phone interviews with staff members 1-6 (S1-S6) and 6 out of 6 staff
28 stated staff members ensure all residents' hygiene needs are met, including those of Resident 1 (R1).
29 LPA also reviewed documentation indicating that R1 refused and terminated care services provided by
30 Intra Care Home Health Providers Inc. Additionally, 6 out of 6 staff stated R1 was assisted with hygiene
31 needs whenever R1 allowed staff to help.
32

On 01/07/2026, LPA attempted to interview R1; however, R1 no longer resides at the facility. Residents
R2, R3, R4 and R5 stated that they currently do not require assistance with hygiene needs but
expressed confidence that staff would assist them if needed. Residents R6 and R7 stated that staff
members assist them with hygiene needs as scheduled and/or as needed.

continued...

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Bernadette Allen
LICENSING EVALUATOR SIGNATURE:

DATE: 01/07/2026

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

Control Number 11-AS-20250611154001

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: PLAZA AT WESTWOOD, THE

FACILITY NUMBER: 198320197

VISIT DATE: 01/07/2026

NARRATIVE

1
2 LPA reviewed documentation from Intra Care Home Health Providers Inc. and UCLA Internal Medicine &
3 Pediatrics Progress Notes. Post-discharge follow-up dated 05/08/2025 indicating that R1 declined and
4 terminated services from the home health agency. Records also confirmed that residents in care are
5 receiving hygiene assistance from facility staff.
6
7 Based on interviews conducted and records reviewed, the preponderance of evidence standard has not
8 been met. Which means although the allegation may have happened or is valid, there is not a
9 preponderance of evidence to prove the alleged violation(s) did or did not occur, therefore the allegation
10 is Unsubstantiated.
11
12 An exit interview was conducted where this report was discussed and provided to Luz Rose
13 Administrator at the conclusion of the visit with the appeal rights.
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

SUPERVISORS NAME: Stephanie Cifuentes

LICENSING EVALUATOR NAME: Bernadette Allen

LICENSING EVALUATOR SIGNATURE:

DATE: 01/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/07/2026