

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 198320301  
Report Date: 03/01/2023  
Date Signed: 06/10/2023 11:00:05 AM

**Unsubstantiated**

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/24/2023** and conducted by Evaluator Jose Calderon

	<b>COMPLAINT CONTROL NUMBER: 11-AS-20230224093036</b>
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<b>FACILITY NAME:</b> BENTLEY MANOR	<b>FACILITY NUMBER:</b> 198320301
<b>ADMINISTRATOR:</b> ALCARAZ, MONA M	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 3425 MCLAUGHLIN AVENUE	<b>TELEPHONE:</b> (213) 478-0460
<b>CITY:</b> LOS ANGELES	<b>ZIP CODE:</b> 90066
<b>CAPACITY:</b> 27	<b>STATE:</b> CA
	<b>CENSUS:</b> 20
<b>MET WITH:</b> ADMINISTRATOR MONA ALCARAZ	<b>DATE:</b> 03/01/2023
	<b>UNANNOUNCED TIME BEGAN:</b> 09:00 AM
	<b>TIME COMPLETED:</b> 03:30 PM

**ALLEGATION(S):**

1	Staff physically abused resident in care.
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**INVESTIGATION FINDINGS:**

1	This report serves as an amendment to clarify findings. It does not supersede the complaint investigation findings reflected on report created 03/01/2023.
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4	Licensing Program Analyst (LPA) Jose Calderon conducted an unannounced visit to the facility Bentley Manor on 03/01/2023 and was greeted by Administrator Mona Alcaraz (A1). LPA Calderon spoke to A1 prior to entering the facility to conduct a risk assessment. LPA Calderon explained the purpose of this visit is to deliver the findings pertaining to the above-mentioned allegations.
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9	During this investigation, LPA Calderon interviewed A1, W2-W4, S2-S6, R1-R10. These interviews were conducted on 02/27/2023 and 03/01/2023. On 03/01/2023 LPA Calderon requested copies of the following: Staff LIC500 and Resident rosters, needs and service, physician report, hospice records, hospital records, incident report for R1.
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**NAME OF LICENSING PROGRAM MANAGER:** Eva M Alvarez  
**NAME OF LICENSING PROGRAM ANALYST:** Jose Calderon  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/01/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/01/2023

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
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**Control Number** 11-AS-20230224093036

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT (Cont)</h2>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754</p>
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**FACILITY NAME:** BENTLEY MANOR **FACILITY NUMBER:** 198320301  
**VISIT DATE:** 03/01/2023

**NARRATIVE**

1	<b>Regarding Allegation #1: Staff physically abused resident in care.</b>
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3	<b>The investigation revealed the following:</b>
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5	<b>Regarding Allegation #1: Staff physically abused resident in care.</b>
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7	On 03/01/2023 LPA Calderon interviewed R1 for complaint. R1 states that R1 "bumped a wall" in R1's
8	room. R1 states this caused the injury to R1's face. R1 then scratched R1's face and this created a tear
9	in the skin. R1 states the injury was not the result of staff physically abusing R1. On 03/01/2023 LPA
10	Calderon interviewed R2-R6 for this complaint and 5 out of 5 residents affirmed they have not heard or
11	witnessed facility staff physically abuse residents. On 03/01/2023 LPA Calderon interviewed A1 who
12	reports R1 scratched R1's face and this caused an open wound on R1's face. A1 stated R1 re-injured
13	the scratch when touching the area after it developed a scab. On 03/01/2023 LPA Calderon interviewed
14	S2-S7 for complaint and 6 out of 6 staff members expressed they have not witnessed facility employees
15	physically abuse residents and the cause of R1's wound was the result of R1 scratching R1's face.
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**NAME OF LICENSING PROGRAM MANAGER:** Eva M Alvarez  
**NAME OF LICENSING PROGRAM ANALYST:** Jose Calderon  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/01/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/01/2023

LIC9099 (FAS) - (06/04) Page: 3 of 3

**Control Number** 11-AS-20230224093036

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

EL SEGUNDO, 1000 CORPORATE DR #100  
MONTEREY PARK, CA 91754

**FACILITY NAME:** BENTLEY MANOR

**FACILITY NUMBER:** 198320301

**VISIT DATE:** 03/01/2023

**NARRATIVE**

1 Based on interviews, observations, and supporting documentation, the preponderance of evidence  
2 standard has NOT been met; therefore, the allegation of "staff physically abused resident in care" is  
3 found to be UNSUBSTANTIATED.  
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6 An exit interview was conducted and copy of the Complaint Report was provided to the Administrator  
7 Mona Alcaraz (A1).  
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**NAME OF LICENSING PROGRAM MANAGER:** Eva M Alvarez

**NAME OF LICENSING PROGRAM ANALYST:** Jose Calderon

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/01/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/01/2023