

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320301

Report Date: 02/11/2026

Date Signed: 02/11/2026 11:07:57 AM

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 **07/22/2025** and conducted by Evaluator Troy Watson

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20250722134621
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FACILITY NAME: BENTLEY MANOR	FACILITY NUMBER: 198320301
ADMINISTRATOR: ALCARAZ, MONA M	FACILITY TYPE: 740
ADDRESS: 3425 MCLAUGHLIN AVENUE	TELEPHONE: (213) 478-0460
CITY: LOS ANGELES	STATE: CA
CAPACITY: 27	ZIP CODE: 90066
MET WITH: ADMINISTRATOR - MONA ALCARAZ	DATE: 02/11/2026
	UNANNOUNCED TIME BEGAN: 09:40 AM
	TIME COMPLETED: 11:07 AM

ALLEGATION(S):

1	Staff did not provide resident medication as prescribed.
2	Staff restrained resident in a chair.
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INVESTIGATION FINDINGS:

1	**This report does not supersede the previous report dated 11/21/25 but is used to clarify findings. **
2	On 02/11/2026 at approximately 09:40 AM Licensing Program Analyst (LPA) Troy Watson made a
3	subsequent unannounced visit to the above, listed facility to deliver findings. The LPA was greeted by the
4	Administrator Mona Alcaraz and explained the purpose of the visit. LPA was granted entry into the facility.
5	
6	The investigation consisted of the following:
7	
8	On 08/01/2025 between 04:36 PM – 05:00 PM, the department requested, reviewed, and obtained
9	copies of the Staff Roster, Client Roster, and Physician’s Reports. On 09/25/2025 between 10:09 AM –
10	04:48 PM, the department requested and obtained the Centrally Stored Medication Destruction Records
11	(CSMDR).
12	
13	CONTINUED ON LIC9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Troy Watson
LICENSING EVALUATOR SIGNATURE:

DATE: 02/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/11/2026

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-20250722134621

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: BENTLEY MANOR

FACILITY NUMBER: 198320301

VISIT DATE: 02/11/2026

NARRATIVE

1 On 11/21/2025, the department obtained an Unusual Incident Report dated 07/16/2025. On 09/25/2025,
2 the department conducted interviews with Staff #1 – #5 (S1–S5) and Residents #2 – #4 (R2–R4). An
3 attempt to interview Resident #1 (R1) was made, but R1 was unavailable because they had passed
4 away prior to the initial visit. LPA toured the facility with Administrator Mona Alcaraz and found the facility
5 to be clean and in good repair.
6
7 The investigation revealed the following:
8
9 Allegation: Staff did not provide resident medication as prescribed
10
11 It was alleged that staff did not provide resident medication as prescribed. On 09/25/2025 between
12 10:09 AM – 04:48 PM, the department conducted interviews with Residents #2 – #4 (R2–R4). An
13 attempt to interview Resident #1 (R1) was made, but R1 was not present because R1 moved out of the
14 facility on 07/20/2025 prior to the visit. The department asked the residents if staff provided them with
15 their medication as prescribed by their physician. Of those interviewed, 3 out of 3 residents denied the
16 allegation.
17 On 11/21/2025 at approximately 03:20 PM, the department conducted an interview with the
18 Administrator (A1). A1 was asked if staff provided residents with medication as prescribed. A1 stated,
19 “We don’t give any medication without a prescription; it must be prescribed by their doctors.”
20 On 09/25/2025 between 10:09 AM – 04:48 PM, the department conducted interviews with Staff #1 – #5
21 (S1–S5). The department asked staff if they assisted residents with their medication as prescribed by
22 their physician. Of those interviewed, 5 out of 5 staff denied the allegation.
23 On 09/25/2025 between 10:09 AM – 04:48 PM, the department obtained and reviewed the Centrally
24 Stored Medication Destruction Records (CSMDR), which showed that all residents interviewed received
25 their medication as prescribed by their physicians. The department requested Medication Administration
26 Records (MAR), but the Administrator informed the department that the facility only documents
27 medication administered to residents via the CSMDR. A thorough review of the CSMDR showed that the
28 dates and times of distribution for each resident were current at the time of the visit.
29 Based on the information gathered, interviews conducted, and review of records, the department found
30 no evidence to support the allegation. Although the allegation may have happened or is valid, there is
31 not a preponderance of evidence to prove the alleged violation did or did not occur; therefore, the
32 allegation is UNSUBSTANTIATED.
CONTINUED ON LIC9099-C

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Troy Watson
LICENSING EVALUATOR SIGNATURE:

DATE: 02/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/11/2026

LIC9099 (FAS) - (06/04)

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Control Number 11-AS-20250722134621

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

**COMPLAINT INVESTIGATION REPORT
(Cont)**

EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE
340
EL SEGUNDO, CA 90245

FACILITY NAME: BENTLEY MANOR

FACILITY NUMBER: 198320301

VISIT DATE: 02/11/2026

NARRATIVE

1 Allegation: Staff restrained a resident in a chair
2
3 It was alleged that staff restrained a resident in a chair using a band of some sort to keep the resident
4 from falling out of the chair. On 09/25/2025 between 10:09 AM – 04:48 PM, LPA Watson conducted
5 interviews with Residents #2 – #4 (R2–R4). Per Administrator Mona Alcaraz, the facility was informed on
6 07/20/2025 that R1 would not be returning.
7 On 11/21/2025 at approximately 03:20 PM, LPA Watson conducted an interview with the Administrator
8 Mona Alcaraz (A1). A1 was asked about the allegation regarding staff restraining a resident in a chair.
9 A1 stated that this practice does not occur in the facility and staff have not received in-service training in
10 restraining residents.
11 On 09/25/2025 LPA Watson interviewed Resident#2-Resident#4 (R2-R4) and asked them if staff ever
12 restrained them or another resident in a chair using a band of some sort to keep them from falling out of
13 the chair. Of those interviewed, 3 out of 3 residents denied the allegation.
14 On 09/25/2025 between 10:09 AM – 04:48 PM, the department conducted interviews with Staff #1 – #5
15 (S1–S5). The department asked staff if they restrained a resident in a chair at the facility. Of those
16 interviewed, 5 out of 5 staff denied the allegation.
17 On 09/25/2025 between 10:09 AM – 04:48 PM, LPA Watson obtained and reviewed R1’s Physician’s
18 Report, which showed that no resident residing in the facility is required to be restrained. The
19 department toured the facility with Administrator Mona Alcaraz and found no evidence of restraining
20 devices that could have been used as restraints to secure residents in chairs.
21
22 Based on the information gathered, interviews conducted, and review of records, the department found
23 no evidence to support the allegation. Although the allegation may have happened or is valid, there is
24 not a preponderance of evidence to prove the alleged violation did or did not occur; therefore, the
25 allegation is UNSUBSTANTIATED.
26
27 No deficiencies were cited.
28
29 An exit interview was conducted with Administrator Mona Alcaraz, and a copy of this report was
30 provided.
31
32

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Troy Watson
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 02/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 02/11/2026