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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320301
Report Date: 02/17/2026
Date Signed: 02/17/2026 04:07:48 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/09/2026** and conducted by Evaluator Bernadette Allen

	COMPLAINT CONTROL NUMBER: 11-AS-20260209231108

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		**ZIP CODE:**	90066
CAPACITY:	27	**CENSUS:** 25		**DATE:**	02/17/2026
		UNANNOUNCED		**TIME BEGAN:**	11:45 AM
MET WITH:	Mona Alcaraz-Administrator			**TIME COMPLETED:**	04:25 PM

ALLEGATION(S):

1	Staff are not adequately addressing the catheter needs of the residents.
2	Staff are not addressing the resident's change in condition with an proper wound care plan.
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INVESTIGATION FINDINGS:

1	On 02/17/2026, at 11:35 AM, Licensing Program Analyst (LPA) Bernadette Allen conducted an
2	unannounced visit to investigate and deliver findings for the alleged allegations. LPA identified herself
3	and met with Mona Alcaraz-Administrator who was informed of the purpose of the visit.
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5	The investigation consisted of the following:
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7	On 2/17/2026 at 11:45 AM LPA Allen conducted and review of resident 1(R1) file that included the
8	Identification and Emergency information dated 2/3/2026, LIC602 medical assessment dated 1/30/2026,
9	admissions agreement, Pre-placement dated 2/3/2026, levels of care assessment tool dated 1/28/2026,
10	AAA Hospice Care Nursing Inc. plan of care dated 2/10/2026 along with Bentley Manor and AAA Hospice
11	Care & Nursing Inc. sign in sheets from January 31,2026 through February 17, 2026 and the staff and
12	resident roster. LPA also conducted interviews with Residents 1-5 (R1-R5) and Staff Members 1-5 (S1-
13	S5).
	Continued

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Bernadette Allen
LICENSING EVALUATOR SIGNATURE:
DATE: 02/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 02/17/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 11-AS-20260209231108

FACILITY NAME: BENTLEY MANOR **FACILITY NUMBER:** 198320301
VISIT DATE: 02/17/2026

NARRATIVE

The investigation revealed the following:

#1- Allegation: Staff are not adequately addressing the catheter needs of the residents.

Interviews with Residents (R1–R5) were asked whether staff address their catheter needs and 1 out of 5 residents, stated that their catheter needs are being met by staff, who check on them every two hours or as needed. R1 informed (LPA) that staff are not permitted to assist with catheter care, but they do ensure that incontinence needs are met daily. R1 also reported that a hospice nurse visits the facility at least once a week to assist with catheter care. The remaining four residents (R2–R5) stated that they do not require catheter care.

Interviews with Staff members (S1–S5) were asked if staff are addressing the catheter needs of the residents and 5 out of 5 staff members confirmed that catheter care is provided only by a licensed professional. Staff are permitted to empty residents' urinal bags but not perform catheter care. Staff also reported that AAA Hospice Care & Nursing Inc. is the agency providing catheter care to residents once a week, with additional visits pending approval.

#2 Allegation: Staff are not addressing the residents' change in condition with an proper wound care plan.

Interviews with Residents (R1–R5) were asked if staff are addressing changes in residents' condition with a proper wound care plan and 1 out of 5 residents stated staff have been addressing their wound care needs by notifying the hospice agency /medical professional and visits are conducted once a week by a hospice agency. The remaining four residents (R2–R5) stated that they do not require wound care.

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Bernadette Allen
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Control Number 11-AS-20260209231108

NARRATIVE

Interviews with Staff (S1–S5) were asked if staff are addressing the residents change in condition with proper wound care plan and 5 out of 5 staff members stated that residents requiring wound care would receive services from a hospice agency/or medical professional. Staff also reported that they are not permitted to provide wound care, but they may perform bandage changes as needed. Based on staff observations, if additional care is required, the hospice agency is contacted immediately for further action.

LPA reviewed the guest sign in sheet from 1/31/2026 through 2/17/2026 that reflects visits were made from the hospice nurses along with AAA Hospice Care & Nursing Inc. Flow Sheet dated for services rendered on 2/10/2026, 2/17/2026 for additional care and route sheets dated for 2/6, 2/7,2/10.2/12 and 2/14, 2026.

Based on interviews, documents reviewed and observation during the investigation, the above allegation is found to be Unsubstantiated; meaning that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur.

An exit interview was conducted where this report was discussed and provided to Mona Alcaraz Administrator at conclusion of the visit with appeal rights.

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LICENSING EVALUATOR NAME: Bernadette Allen
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