

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320315

Report Date: 12/16/2025

Date Signed: 12/16/2025 12:12:19 PM

Unfounded

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 12/11/2025 and conducted by Evaluator Bernadette Allen

COMPLAINT CONTROL NUMBER: 11-AS-20251211163453

FACILITY NAME: BAY TOWERS AT BIXBY KNOLLS

FACILITY NUMBER: 198320315

ADMINISTRATOR: MCDONALD, DON

FACILITY TYPE: 740

ADDRESS: 3747 ATLANTIC AVENUE

TELEPHONE: (562) 426-6123

CITY: LONG BEACH

STATE: CA

ZIP CODE: 90807

CAPACITY: 65

CENSUS: 45

DATE: 12/16/2025

MET WITH: Don McDonald-Administrator

UNANNOUNCED TIME BEGAN: 10:30 AM

TIME COMPLETED: 12:25 PM

ALLEGATION(S):

- 1 Staff did not ensure that unit has heat
2 Facility unit is in disrepair

INVESTIGATION FINDINGS:

1 On 12/16/2025, At 10:30AM 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 Don McDonald who was informed of the purpose of the visit.

5 The investigation consisted of the following:

7 LPA Conducted interviews with the Administrator Don McDonald and the Maintenance Director Robert
8 Esquer. LPA reviewed residents' roster for assisted living and independent living and Quotes from Nico's
9 Air Conditioning & Heating dated 3/08/2025 and Beach Air Conditioning dated 10/27/2025.

11 Continued....

Unfounded

Estimated Days of Completion:

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

DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/16/2025

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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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BAY TOWERS AT BIXBY KNOLLS

FACILITY NUMBER: 198320315

VISIT DATE: 12/16/2025

NARRATIVE

1 The investigation revealed the following:
2

3 **Allegation #1: Staff did not ensure that unit has heat**
4

5 **Allegation #2: Facility unit is in disrepair**
6

7 LPA conducted interviews with the Administrator Don McDonald, who confirmed that R1 does not reside
8 in the assisted living facility. Mr. McDonald provided a copy of the assisted living resident roster, which
9 did not include R1. However, the independent living facility's resident roster was provided which did list
10 R1 as a resident.
11

12 Additionally, during the visit, the Maintenance Director provided invoice quotes for compressor
13 replacements from Beach Air Conditioning and Nico's Air Conditioning & Heating which reflected floors
14 and units requiring repairs or replacements which did not include R1's floor or unit.
15

16 Based on interviews and evidence gathered during the investigation, the above allegation is found to be
17 Unfounded, meaning that the allegation was false, could not have happened and/or is without a
18 reasonable basis.
19

20 An exit interview was conducted where this report was discussed with Don McDonald Administrator and
21 provided a copy the conclusion of the visit with appeal rights.
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SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Bernadette Allen
LICENSING EVALUATOR SIGNATURE:

DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/16/2025

LIC9099 (FAS) - (06/04)

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