

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320394
Report Date: 06/02/2026
Date Signed: 06/02/2026 05:31:50 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 **05/28/2026** and conducted by Evaluator Regina Cloyd

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260528201032
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FACILITY NAME: ANGEL'S ON WING'S LLC		FACILITY NUMBER: 198320394
ADMINISTRATOR: CLANTON, MARILYN		FACILITY TYPE: 740
ADDRESS: 1440 W 92ND STREET		TELEPHONE: (310) 684-8859
CITY: LOS ANGELES	STATE: CA	ZIP CODE: 90047
CAPACITY: 6	CENSUS: 5	DATE: 06/02/2026
	UNANNOUNCED	TIME BEGAN: 01:58 PM
MET WITH: Marilyn Clanton		TIME COMPLETED: 05:40 PM

ALLEGATION(S):

1	Staff handled resident in a rough manner.
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INVESTIGATION FINDINGS:

1	On 06/02/26, Licensing Program Analyst (LPA) Regina Cloyd conducted an initial visit to gather information regarding the above allegation. LPA met with Marilyn Clanton.
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4	Investigation consisted of the following: On 06/02/26, the Department obtained Personnel Record, Resident #1's (R1) Medical Assessment, Needs and Services Plan, and Incident Reports. LPA Staff #1 – 2 and Residents #1 - #5. LPA observed video recording on 05/31/26 around 3:30 AM.
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7	Investigation revealed the following: Allegation: Staff handled resident in a rough manner.
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10	It is alleged Staff #1 (S1) threw Resident #1 (R1) into R1's bedroom because of smoking. It is alleged Staff #1 (S1) threw Resident #1 (R1) into R1's bedroom because of smoking. Record review of unusual incident report revealed R1 had three incidents concerning smoking in the facility in October 2025.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Ulysses Coronel	
LICENSING EVALUATOR NAME: Regina Cloyd	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/02/2026

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 2
Control Number 11-AS-20260528201032

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ANGEL'S ON WING'S LLC	FACILITY NUMBER: 198320394
	VISIT DATE: 06/02/2026

NARRATIVE	
1	Two out of two staff interviews (S1 – S2) denied the allegation. S1 and S2 indicated R1 likes to smoke
2	inside of the facility and staff tries to take S1’s cigarette but R1 puts it out of their reach. S1 and S2
3	indicated that whenever staff try to take cigarettes from R1, R1 says staff is aggressive. Three out of five
4	resident (R1 – R5) interviews indicated staff has not handled them in a rough manner.
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6	Regarding the allegation, “Staff handled resident in a rough manner,” based on record review,
7	interviews, and observation, the Department found no evidence to support the above allegation. The
8	allegation may have happened or is valid, but there is not a preponderance of evidence to prove that the
9	alleged violation occurred. Therefore, the allegation is Unsubstantiated .
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SUPERVISORS NAME: Ulysses Coronel	
LICENSING EVALUATOR NAME: Regina Cloyd	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/02/2026
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