

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320398
Report Date: 09/03/2026
Date Signed: 09/03/2026 02:42:54 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 11/17/2025 and conducted by Evaluator Mario Leon

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20251117223742
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FACILITY NAME:	PENINSULA POINTE BY COGIR	FACILITY NUMBER:	198320398
ADMINISTRATOR:	JULIUS OSORIO	FACILITY TYPE:	740
ADDRESS:	27520 HAWTHORNE BOULEVARD	TELEPHONE:	(310) 697-6236
CITY:	ROLLING HILLS ESTATE	ZIP CODE:	90274
CAPACITY:	121	DATE:	09/03/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	02:15 PM
	CENSUS: 90	TIME	03:00 PM
MET WITH:	Julius Osorio - Executive Director	COMPLETED:	

ALLEGATION(S):

1	Staff neglect resulted in a resident sustaining a pressure injury
2	Staff do not properly reposition a resident while in care
3	Staff do not timely address a resident's change in medical condition
4	Staff mishandled a resident's medications
5	Staff do not provide adequate care and supervision to a resident
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INVESTIGATION FINDINGS:

1	On 09/03/26 Licensing Proulgram Analyst (LPA) Mario Leon conducted an unannounced, subsequent, complaint visit at the facility to deliver an updated complaint investigation report. The purpose of today's
2	report is to provide additional information only; the findings remain as Unsubstantiated.
3	The investigation consisted of the following: On 07/21/26 CDSS requested staff and resident rosters
4	(dated: 07/21/26) and between 9:30AM and 11:30AM, CDSS interviewed six (6) residents (R2-R7) and
5	two (2) staff (S6-S7). On 07/08/26 CDSS requested hospice notes of R1 (Dated 11/09/25) and
6	medication administration record (MAR) of two residents (R1-R2) (dated: September through November,
7	2025). CDSS interviewed six (6) residents (R2-R7) and four (4) staff (S2-S5). On 11/19/25 CDSS
8	requested resident and staff rosters (dated: 11/25) and documents listed for residents one (1) through
9	four (4) (R1-R4), listed as follows: Medical Assessments (R1-R4), Care Plans (R1-R4), Medication
10	Administration Records (MARs) for the past seven (7) days (R1-R4), Emergency ID/Face sheets (R1-R4)
11	and Admissions Agreements (R1-R4).
12	Report continues, please see LIC9099-C.
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Unsubstantiated	Estimated Days of Completion: 90
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SUPERVISORS NAME: Ulysses Coronel LICENSING EVALUATOR NAME: Mario Leon LICENSING EVALUATOR SIGNATURE:		DATE: 09/03/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 09/03/2026

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 3
Control Number 11-AS-20251117223742

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: PENINSULA POINTE BY COGIR	FACILITY NUMBER: 198320398
	VISIT DATE: 09/03/2026

NARRATIVE	
1	The investigation revealed the following:
2	Regarding the allegation “Staff neglect resulted in a resident sustaining a pressure injury”, it is being
3	alleged that due to staff neglect resident R1 has developed a pressure injury. Record reviews indicate
4	that R1 began receiving wound-care visits on 10/23/25. Records also show that on 11/07/25, R1 was
5	admitted to Beacon Hospice Care Inc. for hospice services. Interviews revealed that six out of six
6	residents (R2-R7), one (1) witness (W1) and four out of four staff (S2-S5) interviewed have denied the
7	allegation. Based on record reviews and interviews conducted, the preponderance of evidence standard
8	has not been met. Although the allegation may have happened or is valid, there is not a preponderance
9	of evidence to prove that the alleged violation occurred. Therefore, the above allegation has been
10	Unsubstantiated.
11	Regarding the allegation “Staff do not properly reposition a resident while in care”, it is being alleged that
12	staff did reposition residents on a regular basis. Record reviews revealed the following: On 11/07/25
13	Beacon Hospice Care Inc.’s hospice care plan indicates that staff are to reposition R1 at least once
14	every two (2) hours, as tolerated. Interviews revealed that six out of six residents (R2-R7), one (1)
15	witness (W1) and four out of four staff (S2-S5) interviewed have denied the allegation. Based on record
16	reviews and interviews conducted, the preponderance of evidence standard has not been met. Although
17	the allegation may have happened or is valid, there is not a preponderance of evidence to prove that the
18	alleged violation occurred. Therefore, the above allegation has been Unsubstantiated.
19	Regarding the allegation “Staff do not timely address a resident’s change in medical condition”, it is
20	being alleged that a resident (R1) is not receiving wound care for their injury. Record reviews indicate
21	that R1 began receiving wound-care visits on 10/23/25. Records also show that on 11/07/25, R1 was
22	admitted to Beacon Hospice Care Inc. for hospice services. Records indicate that Beacon Hospice Care
23	Inc. staff visited R1 on: 11/07/25, 11/09/25, 11/12/25, 11/13/25, 11/18/25, 11/20/25, and 11/21/25.
24	Interviews revealed that all six (6) residents (R2-R7), one (1) witness (W1) and all four (4) staff (S2-S5)
25	have denied the allegation. Based on record reviews and interviews conducted, the preponderance of
26	evidence standard has not been met. Although the allegation may have happened or is valid, there is
27	not a preponderance of evidence to prove that the alleged violation occurred. Therefore, the above
28	allegation has been Unsubstantiated.
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30	Report continues, please see LIC9099-C.
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SUPERVISORS NAME: Ulysses Coronel LICENSING EVALUATOR NAME: Mario Leon LICENSING EVALUATOR SIGNATURE:		DATE: 08/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 09/03/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 11-AS-20251117223742

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

340
EL SEGUNDO, CA 90245

FACILITY NAME: PENINSULA POINTE BY COGIR

FACILITY NUMBER: 198320398

VISIT DATE: 09/03/2026

NARRATIVE

1 Regarding the allegation that "Staff mishandled a resident's medications," it is alleged that resident's
2 medications are not administered as prescribed. Record reviews of R1's Medication Administration
3 Record indicate that all oral medications were discontinued on 11/16/25. Documentation from Beacon
4 Hospice Care Inc. on 11/17/25 shows that R1's oral medications were discontinued due to a risk of
5 aspiration. The physician recorded that R1 was "nothing by mouth" (NPO) except for comfort
6 medications as of 11/17/25. Interviews revealed that all six (6) residents, one (1) witness and all four (4)
7 staff have denied the allegation has taken place. Based on record reviews and interviews conducted,
8 the preponderance of evidence standard has not been met. Although the allegation may have happened
9 or is valid, there is not a preponderance of evidence to prove that the alleged violation occurred.
10 Therefore, the above allegation has been Unsubstantiated.
11 Regarding the allegation "Staff do not provide adequate care and supervision to a resident", it is being
12 alleged that staff neglected R1's needs. Observations revealed the following: CDSS observed staff's
13 average response time to a resident's call button to be 11 to 15 minutes. Records reviews revealed the
14 following: On 11/07/25 Beacon Hospice Care Inc.'s hospice care plan indicates that staff are to
15 reposition R1 at least once every two (2) hours, as tolerated. Interviews revealed that six out of six
16 residents (R2-R7), one (1) witness (W1) and four out of four staff (S2-S5) interviewed have denied the
17 allegation. Based on observations, record reviews and interviews conducted, the preponderance of
18 evidence standard has not been met. Although the allegation may have happened or is valid, there is
19 not a preponderance of evidence to prove that the alleged violation occurred. Therefore, the above
20 allegation has been Unsubstantiated.
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22 There have been zero (0) deficiencies cited during today's visit.
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24 An exit interview was held with Julius Osorio - Executive Director and a copy of this report has been
25 provided.
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SUPERVISORS NAME: Ulysses Coronel
LICENSING EVALUATOR NAME: Mario Leon
LICENSING EVALUATOR SIGNATURE:

DATE: 09/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/03/2026