

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320398

Report Date: 05/29/2025

Date Signed: 05/29/2025 10:51:57 AM

Substantiated

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 **11/13/2024** and conducted by Evaluator Mario Leon

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20241113165545
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FACILITY NAME: PENINSULA POINTE BY COGIR	FACILITY NUMBER: 198320398
ADMINISTRATOR: KITAGAWA, DESIREE	FACILITY TYPE: 740
ADDRESS: 27520 HAWTHORNE BOULEVARD	TELEPHONE: (310) 697-6236
CITY: ROLLING HILLS ESTATE	STATE: CA
CAPACITY: 121	ZIP CODE: 90274
	CENSUS: 42
MET WITH: Julius Osorio, Executive Director	DATE: 05/29/2025
	UNANNOUNCED TIME BEGAN: 09:03 AM
	TIME COMPLETED: 11:19 AM

ALLEGATION(S):

1	Facility staff caused bruising to resident in care
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INVESTIGATION FINDINGS:

1	On 05/29/25 Licensing Program Analyst (LPA) Mario Leon conducted a subsequent complaint
2	investigation at the facility to deliver findings on the allegations listed above. LPA was met by Julius
3	Osorio (S14), and the purpose of the visit was explained.
4	The investigation consisted of the following: On 11/14/2024 Licensing Program Manager (LPM) Ulysses
5	Coronel and LPA obtained the following records: Staff Roster, Resident Roster, Staff schedule, five (5)
6	staff records, two (2) resident records, three (3) incident reports and a surveillance record from
7	SafelyYou. CCLD staff toured the facility, inside and out. CCLD interviewed Administrator, Desiree
8	Kitigawa (S3) and resident one (R1). On 05/13/25 LPA interviewed witness (W1) and obtained hospital
9	medical records, dated 11/11/24. On 05/14/25 LPA interviewed five (5) residents (R2-R6), one witness
10	(W2), and six (6) staff (S8, S10 - S14). S1 and S2 were not available during the investigation.
11	
12	Report Continues, see LIC9099-C.
13	

Substantiated

Estimated Days of Completion: 90

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel
NAME OF LICENSING PROGRAM ANALYST: Mario Leon
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/29/2025

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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Control Number 11-AS-20241113165545

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: 05/29/2025

NARRATIVE

1 The investigation revealed the following: Regarding the allegation "Facility staff caused bruising to
2 resident in care", it is being alleged that a resident was bruised by staff while being redirected back to
3 their room during an elopement. Record reviews indicate the following: Surveillance records (dated:
4 11/08/24) indicates that R1 was brought back to their room through a two-person carry by S1 and S2.
5 S1 was carrying R1 by the legs and S2 was carrying R1 by the armpits, as the staff transported R1 back
6 to their room. LPA observed S1 grasp R1's left elbow while S1 attempts to close R1's door, before
7 redirecting R1, by the armpits, further into their room. Hospital Medical record (dated: 11/11/24) indicates
8 that R1 was admitted at Torrance Memorial Medical Center (TMMC) on 11/11/24 at 3:25PM by
9 ambulance, with bruising on R1's upper extremities. Hospital Medical record included photography of
10 R1's upper extremities and armpits, which depicted three (3) purple marks on R1's left forearm, three (3)
11 purple marks on R1's right forearm and bruising in R1's armpits. Interviews revealed that S3 has agreed
12 that Emergency Medical Services (911) should have been contacted after R1's first elopement incident
13 on 11/08/24.
14 Based on CCLD's record reviews and interviews conducted, the preponderance of evidence standard
15 has been met. Therefore, the above allegation is found to be substantiated. California Code of
16 Regulations, Title twenty-two (22), Division six (6), is being cited. Please see the attached LIC 9099D.
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NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel
NAME OF LICENSING PROGRAM ANALYST: Mario Leon
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/29/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/29/2025

LIC9099 (FAS) - (06/04)

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Control Number 11-AS-20241113165545

**COMPLAINT INVESTIGATION REPORT
 (Cont)**

FACILITY NAME: PENINSULA POINTE BY COGIR
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 198320398
VISIT DATE: 05/29/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/06/2025 Section Cited CCR 87468.1(a)(6)	1 87468.1 Personal Rights of Residents 2 in All Facilities (a) Residents in...care 3 facilities for the elderly shall have all of 4 the following personal rights: (6) To 5 leave or depart the facility at any time 6 and to not be locked into any room, 7 building, or on facility premises by day or night.	1 The licensee and LPA have agreed that 2 inservice training will be conducted with 3 staff regarding personal rights of 4 residents in all care facilities, with a 5 focus on elopement procedures related 6 to cognitively impaired residents.The 7 training will also include a reminder of various redirection methods for
	8 This has not been met as evidenced by: 9 The licensee did not ensure that staff 10 would follow residents personal rights, 11 resulting in bruising of a resident in 12 care. 13 14	8 safely redirecting a resident, when a 9 resident presents exit seeking behavior, 10 and when to contact Emergency 11 Medical Services. This training 12 information, sign-in sheet & time spent 13 will be forwarded on or prior to POC 14 due date to LPA, via email, at MARIO.LEON@DSS.CA.GOV
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel NAME OF LICENSING PROGRAM ANALYST: Mario Leon LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 05/29/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 05/29/2025