

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320417
Report Date: 09/10/2025
Date Signed: 09/10/2025 04:15:02 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 **07/08/2025** and conducted by Evaluator Zina Brown

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20250708131324
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FACILITY NAME: BRITTANY HOUSE	FACILITY NUMBER: 198320417
ADMINISTRATOR: ERIN REHBEIN	FACILITY TYPE: 740
ADDRESS: 5401 E CENTRALIA ST	TELEPHONE: (562) 421-4717
CITY: LONG BEACH	STATE: CA ZIP CODE: 90808
CAPACITY: 170	CENSUS: 115 DATE: 09/10/2025
MET WITH: Joel Niblett, Administrator	UNANNOUNCED TIME BEGAN: 09:15 AM
	TIME COMPLETED: 04:15 PM

ALLEGATION(S):

1	Staff not treating resident with dignity and respect.
2	Staff leave residents soiled for an extended period of time.
3	Staff are not answering call buttons in a timely manner.
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INVESTIGATION FINDINGS:

1	On 09/10/2025 at 9:15am, Licensing Program Analyst (LPA) Zina Brown conducted a unannounced
2	subsequent complaint visit at this facility to deliver the complaint findings. During today's visit, LPA met
3	with Joel Niblett and explained the purpose of the visit.
4	
5	On 07/09/2025, at 8:55 am Licensing Program Analyst (LPA) Zina Brown conducted an initial complaint
6	visit LPA met with Joel Niblett (Administrator) explained the purpose of the visit.
7	
8	The investigation consisted of the following: On 07/09/2025, LPA Brown interviewed the staff (S1-S7),
9	and Residents (R1-R8). LPA requested the resident and staff roster, resident roster, Face Sheet &
10	Emergency Info (for R1), Medicine History & Physical MCH (for R1), Discharge Medication Reconciliation
11	Order Report (for R1), Admission Agreement (for R1), LIC 603: Pre-Placement Appraisal (for R1), Service
12	Plan (for R1) and LIC 602: Medical Assessment for Resident Care Facilities for the Elderly.
13	Report continues on LIC 9099-C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Zina Brown

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/10/2025

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-20250708131324

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: BRITTANY HOUSE

FACILITY NUMBER: 198320417

VISIT DATE: 09/10/2025

NARRATIVE

1 **The investigation revealed the following:**

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Allegation: Staff not treating residents with dignity and respect

It is alleged that a staff member has been verbally abusive, calling Resident 7 derogatory names such as "stupid bitch" and using profanity. On 07/09/2025 at 10:02 AM, LPA interviewed A1. A1 who denied the allegation stated not hearing nor witness staff using profanity nor being disrespectful to the residents. A1 states staff must be respectful at all time which is standard practice at the facility.

On 07/09/2025 between the hours of 10:00am - 1:58pm. LPA interviewed (7) staff regarding the allegation. Of the 7 staff: 6 out of 7 staff denied the allegation. 1 out of 7 staff did not confirm nor deny the allegation.

On 07/09/2025, between the hours of 2:35pm - 3:35 pm and on 09/10/2025, between the hours of 10:45am - 1:42, LPA interviewed (11) residents regarding the allegation.

Of the (11) residents: 1 out of 11 confirmed the allegation. 10 out of 11 denied the allegation.

10 of the residents stated the facility it's alright, everyone is treated fair, and with respect.

1 of the resident stated an employee has used inappropriate language and has threatened her.

Based on interviews conducted, records review and observation there is no evidence to support the allegation, therefore the allegation is **UNSUBSTANTIATED**

Report continues on LIC 9099-C

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Zina Brown

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/10/2025

LIC9099 (FAS) - (06/04)

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Control Number 11-AS-20250708131324

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: BRITTANY HOUSE

FACILITY NUMBER: 198320417

VISIT DATE: 09/10/2025

NARRATIVE

1 **Allegation: Staff leave residents soiled for an extended period of time**
2 It is alleged that residents are not being changed in a timely manner, resulting in them remaining soiled
3 for prolonged periods. On 07/09/2025 at 10:02 AM, LPA interviewed A1. A1 who denied the allegation
4 stated not aware of residents being left soiled nor not being changed in a timely manner as the facility
5 documents when residents are changed and provided incontinence care.
6
7 Between the hours of 10:00am - 1:58pm, LPA interviewed (7) staff regarding the allegation.
8 Of the 7 staff: 6 out of 7 staff denied the allegation (1) out of (7) staff confirmed the allegation. Staff
9 states R7 will be assisted with their changing needs by staff and just minutes later R7 will request to
10 have a depends and or diapers changed although the resident is not soiled. Also, its been stated by the
11 staff R7 only wants certain staff to meet her needs and if R7's does not get their way and or needs met
12 immediately, the resident throws food, water and or items at the staff.
13
14 On 07/09/2025, between the hours of 2:35pm - 3:35 pm and on 09/10/2025, between the hours of
15 10:45am - 1:42pm, LPA interviewed (11) residents regarding the allegation. 2 out of 11 confirmed the
16 allegation. 9 out of 11 denied the allegation. Out of the 11 residents: (4) residents are incontinent and
17 stated staff come quickly to help residents to the bathroom and or help with getting dressed. (5) of the
18 residents stated they do not wear depends nor diapers and are fully independent and is capable of
19 taking care of themselves. (2) of residents who confirmed the allegation, one stated she is not
20 incontinent but just can't walk but as a result of having to wait a long time to be changed or cleaned as
21 of result of that they have had an accident.
22
23 On 09/05/2025 at 11:35am, LPA conducted a records review and observed the following: On the LIC
24 602A Medical Assessment for Residential Care Facilities for the Elderly, on page 4 of 9 under the
25 section 1. Overall Physical Health the following physical health status are checked yes: bowel
26 incontinence, bladder incontinence, motor impairment/paralysis (with a history of Cerebrovascular
27 Accident (CVA) and requires assistance with repositioning and transferring due to left side weakness. In
28 the comments it states that R7 had a stroke in 2023 that resulted in left hemiparesis. Since the stroke
29 R7 has been mostly bed-bound occasionally sits up in a wheelchair. On page 5 of 9 on the LIC 602A
30 under the section 2. Capacity for Self-Care d. Able to Care for Own Toileting Needs is checked no which
31 explains due to left sided weakness. On the Face Sheets and Emergency Info form on page 2 of 7
32 under the toileting section it states full assistance by a caregiver is needed daily with grooming in the
morning and at bedtime with two-person assistance.

Based on interviews conducted, records review and observation there is no evidence to support the
allegation, therefore the allegation is **UNSUBSTANTIATED**

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Zina Brown

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/10/2025

LIC9099 (FAS) - (06/04)

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Control Number 11-AS-20250708131324**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: BRITTANY HOUSE

FACILITY NUMBER: 198320417

VISIT DATE: 09/10/2025

NARRATIVE

1 **Allegation: Staff are not answering call buttons in a timely manner**
 2 It is alleged that there is a delay in staff responding to residents' call button requests.
 3 On 07/09/2025 at 10:02 AM, LPA interviewed A1. A1, who denied the allegation, stated that when the
 4 facility is alerted by the call light, the protocol requires staff to respond promptly. A1 does not recall any
 5 incidents on or around 07/07/2025–07/08/2025 where Resident 7's (R7) request for assistance was not
 6 received in a timely manner.
 7
 8 Between the hours of 10:00am - 1:58pm, LPA interviewed seven (7) staff regarding the allegation.
 9 Of the (7) staff, 7 out of 7 staff denied the allegation. Of the 7 staff, 2 of the caregiver stated most of the
 10 resident's do not use their call light button as most of the resident will yell out for the staff to come assist
 11 and or staff caregivers typically conduct 30 minute rounds around the facility to check on the residents.
 12
 13 On 07/09/2025, between the hours of 2:35pm - 3:35 pm and on 09/10/2025, between the hours of
 14 10:45am - 1:42pm, LPA interviewed (11) residents regarding the allegation.
 15 1 out of 11 resident confirmed the allegation. 10 out of 11 residents denied the allegation.
 16 11 of the residents, 9 stated not using, don't need a call button and or will call out for the staff to assist
 17 with their needs. 1 resident stated the staff response when pressing the call button. 1 resident stated the
 18 call string from the call button came off so resident yells but the staff still does not respond when she
 19 does so.
 20
 21 On 09/10/2025 between the hours of 1:53pm - 3:20pm, LPA conducted a tour of the Memory Care Unit
 22 (located in Unit 1, Unit 2 and Unit 5) and Assisted Living Unit (located in Unit 3 - Unit 4). LPA observed
 23 the following respond time for staff to answer the residents call lights: Room 114 (3:05pm - 3:06pm),
 24 Room 201 (3:05pm - 3:06pm), Room 230 (3:11pm - 3:20pm), Room 304 (1:53pm - 2:00pm) and Room
 25 407(3:03pm - 3:04pm). Estimated response time was 7-10 minutes for staff to clear the resident call
 26 lights.
 27
 28 Based on interviews conducted, records review and observation there is no evidence to support the
 29 allegation, therefore the allegation is **UNSUBSTANTIATED**
 30
 31 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
 32 prove the alleged violation did or did not occur. Therefore, the allegation is **UNSUBSTANTIATED**.

An exit interview was conducted with Joel Niblett (Administrator) and a copy of the report was provided.

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond
NAME OF LICENSING PROGRAM ANALYST: Zina Brown
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 09/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 09/10/2025