

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320417

Report Date: 01/22/2026

Date Signed: 01/22/2026 10:35:17 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 **11/18/2025** and conducted by Evaluator Perry Scott

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20251118115055
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FACILITY NAME: BRITTANY HOUSE	FACILITY NUMBER: 198320417
ADMINISTRATOR: JOEL NIBLETT	FACILITY TYPE: 740
ADDRESS: 5401 E CENTRALIA ST	TELEPHONE: (562) 421-4717
CITY: LONG BEACH	ZIP CODE: 90808
CAPACITY: 170	DATE: 01/22/2026
MET WITH: Joel Niblett	UNANNOUNCED TIME BEGAN: 09:32 AM
	TIME COMPLETED: 11:15 AM

ALLEGATION(S):

1	Staff did not address resident's change of condition.
2	Staff did not seek medical attention for resident in a timely manner.
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INVESTIGATION FINDINGS:

1	*This report supersedes the report dated 11/24/25. This report has been amended to add additional
2	verbiage and to add additional citations*.
3	
4	On 11/24/25, at 9:20am, the department conducted an initial complaint visit to the facility and was
5	greeted by Joel Niblett, Executive Director. The department explained the purpose of this visit was to
6	gather information about the complaint, gather facility files, interview staff and residents, and deliver
7	findings for the allegation(s) mentioned above.
8	
9	The investigation consisted of the following: The department investigated the allegations mentioned in
10	this complaint and conducted interviews with staff (S1-S6), witness (W1), and residents (R1-R10). The
11	department received the following facility documents: Resident Roster (Date: No Date), Staff Roster
12	(Dated: 11/17/2025), Admission Agreement (Dated: 08/14/2025), Face Sheet/ID Emergency information
13	(Dated:11/24/2025, 08/13/2025), Physician's Report (Dated: 08/12/2025), Appraisal & Needs Service...
	Report Continued on LIC9099-C

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Perry Scott
LICENSING EVALUATOR SIGNATURE:

DATE: 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/22/2026

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-20251118115055

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: 01/22/2026

NARRATIVE

1 Plan (Printed On: 11/24/2025), Lakewood Regional Medical Center Visit Summary (Dated: 08/16/2025,
2 11/01/2025), Preplacement Appraisal Information (Dated: 08/11/2025), Rose Villa Care Center
3 Discharge Report (Dated: 12/16/2025), Rose Villa order Summary report (Dated: 12/15/2025) and Med
4 Tech to Med Tech Communication Log (Dated: 10/25/2025, 10/29/2025, 10/30/2025, 11/01/2025) from
5 the facility.
6

7 The investigation revealed the following: **Allegation #1-Staff did not address**
8 **residents' change of condition.**
9

10 The details of the complaint alleged that the facility did not address the residents'
11 change of condition. It was reported that the resident had bandages wrapped around
12 their toe, when it was inquired why, staff stated that perhaps the residents' shoes
13 were too tight and probably caused the blistering on their foot. Subsequently, without
14 medical attention, the residents' foot became swollen, and their toe became infected.
15 The resident as sent to the hospital on 11/01/2025 and it was determined R1's toe
16 needed to be amputated. On 11/24/2025, from 9:20am-2:00pm, the department
17 interviewed staff (S1-S6), witness (W1), and residents (R1-R10) regarding the
18 allegation. 4 of 6 staff stated that they notified the nurse (LVN) about the residents'
19 swollen foot and contacted the family member. They stated that the nurse is
20 responsible for getting medical assistance for the residents. One staff member
21 stated that the resident (R1) told them that their foot was swollen and needed
22 assistance; staff stated that they advised the LVN of the problem. S6 stated that they
23 were notified of the resident's swollen foot on the day they were sent to the hospital
24 for evaluation. S6 also stated that the toe looked red and had some discharge. Staff
25 also stated that residents are checked on every one to two hours a day to assess
26 their condition.
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31 The department interviewed residents (R1-R10) about the allegation and 6 of 10
32 residents that were interviewed stated that they believed the staff would not know if
they had a change in their condition. When asked why, they stated that they believe
they need more training. The department also interviewed witness (W1) about the
incident, and they stated that the nursing team never called or had communication
with them regarding R1, even when (W1) discovered that R1s foot was swollen and
bandaged.

Report Continued on LIC9099-C

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Perry Scott

LICENSING EVALUATOR SIGNATURE:

DATE: 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/22/2026

LIC9099 (FAS) - (06/04)

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Control Number 11-AS-20251118115055

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: 01/22/2026

NARRATIVE

1 The department reviewed the Appraisal & Needs Service Plan (Printed On: 11/24/2025), Physician's
2 Report (Dated: 08/12/2025), Med Tech to Med Tech Communication Log (Dated: 10/25/2025,
3 10/29/2025, 10/30/2025, 11/01/2025), Rose Villa Care Center Discharge Report (Dated: 12/16/2025),
4 Rose Villa Order Summary report (Dated: 12/15/2025) and observed that the Med Tech Communication
5 Log noted that first aid was applied because R1s foot was swollen on 10/25/2025, 10/29/2025,
6 10/30/2025, and 11/1/2025. The log noted that the LVN and family member were notified. However,
7 medical services were not notified to address R1s change in condition; resulting in R1s toe becoming
8 infected and amputated.

9
10 The department also reviewed the discharge report from Rose Villa Care Center that advised R1 had a
11 complete traumatic amputation of one right toe. Additionally, the department reviewed Lakewood
12 Regional Medical Center Visit Summary (Dated: 08/16/2025) showing the resident had a prior history of
13 a fall causing a right elbow fracture. Community Care Licensing Division did not receive an incident
14 report detailing the hospital visit, amputation, nor the swollen foot.

15
16 Based on interviews conducted and records reviewed, the preponderance of evidence standard has
17 been met. Therefore, the above allegation **Staff did not address residents' change of condition**, is
18 found to be **Substantiated**. Title 22, Division 6, Chapter (8) is cited on the attached LIC 9099D.
19 **Citation: 87466 Observation of Resident**

20
21 **Deficiencies were issued and plans of corrections were discussed.**

22
23 **Note: *Citations that are not cleared by the POC due date of 1/22/26 will have a \$100 fine**
24 **assessed for each day that the citation is not cleared. Civil penalties will continue to accrue until**
25 **Proof of Corrections (POC) is cleared. Citation cleared on today's visit.**

26
27 **ECP: At this time, an Enhanced Civil Penalty determination is pending in reference to Health &**
28 **Safety Code 1569.49(f) "Serious Bodily Injury" as defined in Section 243 of the Penal Code that**
29 **states, a serious physical condition, including, but not limited to, the following: loss of**
30 **consciousness; concussion; bone fracture; protracted loss or impairment of any bodily member**
31 **or organ; a wound requiring extensive suturing; and serious disfigurement."**
32

Civil Penalty:

An immediate \$500 Civil Penalty was assessed for resident's toe amputation.

Report Continued on LIC9099-C

SUPERVISORS NAME: Janae Hammond

LICENSING EVALUATOR NAME: Perry Scott

LICENSING EVALUATOR SIGNATURE:

DATE: 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/22/2026

LIC9099 (FAS) - (06/04)

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Control Number 11-AS-20251118115055

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMPLAINT INVESTIGATION REPORT (Cont)

COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340
EL SEGUNDO, CA 90245

FACILITY NAME: BRITTANY HOUSE

FACILITY NUMBER: 198320417

VISIT DATE: 01/22/2026

NARRATIVE

1 **Allegation #2- Staff did not seek medical attention for resident in a timely manner.**
 2
 3 The details of the complaint alleged that the facility did not seek timely medical attention for the resident.
 4 It was reported that the residents' foot became swollen and their toe became infected and needed to be
 5 amputated, as a result of inaction by the facility. On 11/24/2025, from 9:20am-2:00pm, the department
 6 interviewed staff (S1-S6), witness (W1), and residents (R1-R10) regarding the allegation. 4 of 6 staff
 7 stated that they told the nurse about the resident and they were responsible for getting medical services
 8 involved, if appropriate. They also stated that they believed the resident was going to get medical
 9 services for their swollen foot. While S6 stated that they were notified of the resident's swollen foot on
 10 the day they were sent to the hospital for evaluation. S6 also stated that the toe looked red and had
 11 some discharge on the day they were sent to the hospital for evaluation.
 12
 13 The department interviewed residents (R1-R10) about the allegation and 4 of 10 residents that were
 14 interviewed stated that staff have sought medical attention for them in a timely manner in the past. The
 15 department interviewed witness (W1) about the allegation, and they stated that they believed the facility
 16 did not seek medical attention for the resident in a timely manner. Additionally, they stated that they were
 17 not made aware of the condition before it got to the point where R1's toe needed to be amputated.
 18
 19 The department could not review the LIC624 Unusual Incident Report about the swollen foot or
 20 subsequent hospitalization because the facility failed to submit it to Community Care Licensing Division
 21 within seven days of the occurrence. The department did review the Med Tech to Med Tech
 22 Communication Log (Dated: 10/25/2025, 10/29/2025, 10/30/2025, 11/01/2025) that noted R1 was
 23 receiving first aid for the swollen foot, but it did not specify that medical services were notified, or any
 24 action taken on behalf of the resident. The department also reviewed the discharge report from the
 25 Skilled Nursing Facility, Rose Villa Care Center, that advised R1 had a complete traumatic amputation of
 26 one right toe.
 27
 28 Based on interviews conducted and records reviewed, the preponderance of evidence standard has
 29 been met. Therefore, the above allegation **Staff did not seek medical attention for resident in a**
 30 **timely manner**, is found to be **Substantiated**. Title 22, Division 6, Chapter (8) is being cited on the
 31 attached LIC 9099D. **Citation 87411 Personnel Requirements – General**
 32
Deficiencies were issued and plans of corrections were discussed.

 Report Continued on LIC9099-C

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Perry Scott
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 01/22/2026

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340
EL SEGUNDO, CA 90245

FACILITY NAME: BRITTANY HOUSE

FACILITY NUMBER: 198320417

VISIT DATE: 01/22/2026

NARRATIVE

1 **Note: *Citations that are not cleared by the POC due date of 2/6/26 will have a \$100 fine assessed**
 2 **for each day that the citation is not cleared. Civil penalties will continue to accrue until Proof of**
 3 **Corrections (POC) is cleared.**
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 5 An exit interview was conducted with Joel Niblett, Executive Director, and a hard copy of this Complaint
 6 Investigation Report was provided.

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SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Perry Scott
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/22/2026

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LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
**COMPLAINT INVESTIGATION REPORT
 (Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
 COMMUNITY CARE LICENSING DIVISION
 EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340
 EL SEGUNDO, CA 90245

FACILITY NAME: BRITTANY HOUSE

FACILITY NUMBER: 198320417

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/22/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/22/2026 Section Cited CCR 87466	1 87466 Observation of the Resident. 2 The licensee shall ensure that residents 3 are regularly observed for changes in 4 physical, mental... functioning and that 5 appropriate assistance is provided 6 when such observation reveals unmet 7 needs. When...deterioration ...are 8 observed, the licensee shall ensure that 9 such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any. This requirement is not met as evidenced by:	1 The administrator will create a plan of 2 correction to ensure that observations 3 of residents are conducted when 4 significant change in the resident's 5 condition is observed and review and 6 conduct in-service training for staff of 7 87466 Observation of Resident. In- 8 service training with signatures of staff 9 and plan of corrections will be submitted prior to POC due date of 2/6/26, via email, to perry.scott@dss.ca.gov to avoid monetary penalties. An IMMEDIATE CIVIL PENALTY of \$500.00 will be assessed for the resident's toe being amputated. Citation cleared on today's visit.
	8 Based on interviews and record 9 reviewed, the licensee failed to ensure	8 9

10 that appropriate assistance was
 11 provided to R1 when changes in their
 12 physical condition were found (swelling
 13 in foot and toe) resulting in the toe
 14 being amputated. Which posed a
 potential risk to the health, safety and
 personal rights of the resident in care.

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

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Perry Scott
LICENSING EVALUATOR SIGNATURE: _____
DATE: 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
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LIC9099 (FAS) - (06/04)

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Control Number 11-AS-20251118115055

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
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FACILITY NAME: BRITTANY HOUSE

FACILITY NUMBER: 198320417

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/22/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/06/2026 Section Cited CCR 87411(a)	1 87411(a) Personnel Requirements - 2 General (a) Facility personnel shall at 3 all times be sufficient in numbers, and 4 competent to provide the services 5 necessary to meet resident needs.... 6 This requirement is not met as 7 evidenced by:	1 The Licensee shall create a plan to 2 follow Title 22 87411(a) regulations and 3 retrain staff on how to provide 4 competent services necessary to meet 5 residents' needs while ensuring that 6 staff provide personal assistance and 7 care. In-service training with signatures of staff and plan of corrections will be submitted prior to POC due date of 2/6/26, via email, to perry.scott@dss.ca.gov to avoid monetary penalties.
	8 Based on interviews and records 9 reviewed, the licensee failed to ensure 10 a sufficient number of competent staff 11 to meet R1's needs. R1's foot was 12 swollen for several weeks, no one 13 followed up with hospital visits, and 14 ultimately R1's toe became infected and had to be amputated. This poses a potential health risk to residents in care.	

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

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Perry Scott
LICENSING EVALUATOR SIGNATURE: **DATE:** 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 01/22/2026