

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320417
Report Date: 08/04/2026
Date Signed: 08/04/2026 02:55:45 PM

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 **12/01/2025** and conducted by Evaluator Zina Brown

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20251201153121
--------	--

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:	08/04/2026
MET WITH: Esperanza Naaktgeboren (Administrator)		UNANNOUNCED TIME BEGAN:	08:24 AM
		TIME COMPLETED:	03:15 PM

ALLEGATION(S):

1	Resident sustained an unstageable pressure injury due to staff neglect/lack of supervision.
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 08/04/2026 at 08:25, the department conducted an subsequent visit at this facility to deliver the complaint findings for the allegation above. During today's visit, LPA met with Esperanza Naaktgeboren (Administrator) and explained the purpose of the visit.
2	
3	
4	
5	On 12/02/2025, at 8:55am, the department initiated an unannounced complaint investigation for the allegations listed above. During the initial visit, the department met with Joel Niblett (Administrator) and the purpose of the visit was explained.
6	
7	
8	
9	The department interviewed with Staff (S1-S7) on 12/05/2026 between the hours of 9:21am - 3:00pm, on 12/03/2025 with Administrator (A1) at 10:57am & on 08/04/2026 between the hours of 8:31am - 940am Residents (R2- R10). LPA also requested and received the documents: Staff Roster (dated 11/17/2025), Client Roster (received on 12/02/2025), Resident #1 (R1's) documents such as LIC 601 Identification & Emergency Form (not dated), LIC 602: Physician Report (dated 09/09/2025), Service Plan (dated 09/17/2025), Admission Agreement (dated 09/2025), Medication List (printed 09/06/2025), continues on LIC 9099-C
10	
11	
12	
13	

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Zina Brown
LICENSING EVALUATOR SIGNATURE:

DATE: 08/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/04/2026

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 5

Control Number 11-AS-20251201153121

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**VISIT DATE:** 08/04/2026

NARRATIVE

1 Outside Agency Service Documentation (dated 09/13/2025 & 11/21/2025), Resident Assessment (dated
2 09/17/2025), OMNI Wound Physicians (date of service 11/21/2025), Outside Agency(Omni Wound
3 Physicians) /Service Documentation (dated 11/21/2025) and UCI Lakewood Medical Records (dated
4 11/21/2025)

5
6 The investigation revealed the following:

7 **Allegation:**Resident sustained an unstageable pressure injury due to staff neglect/lack of supervision
8

9 It was alleged that the facility failed to provide adequate care and supervision to a resident, resulting in
10 the development of a significant medical condition identified an unstageable sacral wound on a resident
11 who has a history of Alzheimer's and dementia.
12

13 On 12/03/2025 at 10:57am, the Department interview the former administrator (A1) in regards to the
14 allegation. A1 stated he did not know the resident's skin-check schedule, did not recall any pressure-
15 injury prevention procedures, did not know when the pressure injury was first observed, and was
16 unaware of any documentation or repositioning logs. A1 repeatedly stated information was "unknown to
17 me," indicating no direct knowledge of the resident's wound, monitoring, or care practices.
18

19 On 12/02/2025 between the hours of 9:27am - 3:10pm, the department conducted 8 staff regarding the
20 allegation.
21

22 3 out of 7 staff confirmed the allegation and stated R1's pressure injury was bleeding and required
23 hospital transfer. S1 reported notifying the LVN several times and stated not being trained for wound
24 care. S2 stated the wound was first observed by another caregiver and that hospice did not respond
25 quickly. S2 explained that the facility cleaned around the wound and covered it with gauze before
26 sending the resident to the hospital. S6 stated repeatedly reported the wound and that Home Health
27 never came to assess it. S6 also stated the medtech did not monitor the wound closely and that
28 documentation between medtechs was often missing.
29

30 5 out of 7 staff did not confirm nor deny the allegation and mentioned general care routines such as
31 daily body checks and repositioning is documented. None of 5 staff who did not confirm nor deny the
32 allegation had direct knowledge of the R1's pressure injury.

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Zina Brown
LICENSING EVALUATOR SIGNATURE:

DATE: 08/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/04/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 5

Control Number 11-AS-20251201153121

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** BRITTANY HOUSE**FACILITY NUMBER:** 198320417**VISIT DATE:** 08/04/2026**NARRATIVE**

1 On 08/04/2026 between the hours of 8:31am - 9:40am, the Department conducted interviews 10
2 residents in regards to the allegation.
3
4 6 out of 10 residents denied the allegation and stated that staff are responsive, attentive,
5 perform skin checks, and assist with comfort and repositioning when needed. These residents reported
6 staff respond quickly to call-lights, assist with turning or repositioning, check skin regularly, and help
7 when pain or discomfort occurs.
8
9 4 out of 10 residents did not confirm nor deny the allegation and stated they are mostly independent with
10 repositioning, occasionally experience delays in receiving assistance, and or were unsure how often
11 staff assist with movement or skin checks.
12
13 On 07/26/2026 between the hours of 2:00pm - 3:00pm, the department conducted a records review and
14 observed the following:
15
16 R1 was admitted to UCI Health – Lakewood on 11/27/2025 after being transferred from Brittany House
17 due to a sacral wound present for approximately one week, with drainage, worsening erythema, and
18 wound pain.
19
20 Prior to hospitalization, the resident was evaluated by OMNI Wound Physicians on 11/21/2025, where
21 the sacrococcygeal wound was identified and categorized as a Stage 4 pressure ulcer. OMNI
22 documented pre-debridement wound measurements of 4.5 cm × 3.0 cm × 0.3 cm, and post-
23 debridement measurements of 4.6 cm × 3.1 cm × 0.4 cm, with a total debrided area of 7.13 cm². OMNI
24 ordered Santyl ointment, silicone bordered foam dressings, an alternating pressure pad/low air loss
25 mattress, and off-loading/turning every 2 hours. Upon hospital admission on 11/27/2025, the wound was
26 documented as an unstageable sacral pressure injury due to slough, thick eschar, and necrotic tissue,
27 measuring approximately 5.0 cm × 4.5 cm.
28
29 The wound had progressed to acute hematogenous osteomyelitis of the sacrum (left S2) and sepsis,
30 with positive blood cultures for *Staphylococcus epidermidis* and wound cultures growing *Proteus*
31 *mirabilis*. The resident underwent three debridements: one by OMNI on 11/21/2025, one at UCI Health
32 on 11/29/2025, and a surgical excisional debridement down to fascia/necrotic tissue on 12/05/2025 by
General Surgery.

SUPERVISORS NAME: Janae Hammond**LICENSING EVALUATOR NAME:** Zina Brown**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/04/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/04/2026

LIC9099 (FAS) - (06/04)

Page: 3 of 5

Control Number 11-AS-20251201153121**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** BRITTANY HOUSE**FACILITY NUMBER:** 198320417**VISIT DATE:** 08/04/2026**NARRATIVE**

1 The resident required broad-spectrum IV antibiotics, nutritional supplementation, and placement on an
2 air-fluidized Envella bed with a Q2-hour turning protocol. Records further indicated the resident's family
3 was not notified by Brittany House that a sacral wound had developed. Additionally, the resident's LIC
4 602A, completed on 09/09/2025, indicated no history of skin breakdown, and documented the resident
5 as ambulatory, able to independently transfer, and not requiring continuous bed care. The hospital
6

7 documentation stating the resident had been bedbound for approximately nine months prior to
8 admission.
9
10 R1 was discharged on 12/13/2025 to Cerritos Vista Skilled Nursing Facility with a Wound VAC in place.
11 Also, effective as of 12/13/2025, R1 is no longer a resident at the facility.
12
13 Based on interviews and records reviewed facility staff failed to ensure R1 received proper wound care
14 such as repositioning which resulted in the resident developing a stage 4 pressure injury that required
15 medical intervention.
16
17
18
19
20 At this time, an enhanced civil penalty determination is pending in reference to Health & Safety Code
21 1569.49(f) For a violation that the department determines constitutes physical abuse, as defined in
22 Section 15610.63 of the Welfare and Institutions Code, or resulted in serious bodily injury, as defined in
23 Section 15610.67 of the Welfare and Institutions Code, to a resident, the civil penalty shall be ten
24 thousand dollars (\$10,000).
25 An immediate \$500 civil penalty assessed.
26
27 Based on LPAs observations and interviews which were conducted and the records that were reviewed,
28 the preponderance of evidence standard has been met, therefore the above allegation is found to be
29 **SUBSTANTIATED** under California Code of Regulations, Title 22, Division 6 and Chapter 8 are being
30 cited on the attached LIC 9099D.
31
32 Exit interview conducted with Esperanza Naaktgeboren (Administrator) and a copy of this report was
provided with appeal rights.

SUPERVISORS NAME: Janae Hammond	
LICENSING EVALUATOR NAME: Zina Brown	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/04/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/04/2026

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

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/04/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/05/2026 Section Cited CCR 87466	1The licensee shall ensure that residents 2are regularly observed for changes in 3physical, mental, emotional and social 4functioning and that appropriate 5assistance is provided when such 6observation reveals unmet needs. 7When changes such as unusual weight 8gains or losses or deterioration of 9mental ability or a physical health 10condition are observed, the licensee shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any.	1Licensee shall ensure all staff receiving 2training on personal rights, provisions 3for providing care and supervision and 4resident care plans. License shall 5submit proof of training by POC due 6date. Email proof to LPA Brown at 7Zina.Brown@dss.ca.gov
	8This requirement was not met as 9evidenced by: Based on interviews and 10records review facility staff failed to	8An immediate \$500 civil penalty 9assessed.

	11	reposition R1 as required by residents	11	
	12	Home Health which resulted in the R1	12	
	13	developing a stage 4 pressure injury.	13	
	14	This poses an immediate health &	14	
		safety risk to residents in care.		
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		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.

SUPERVISOR'S NAME: Janae Hammond LICENSING EVALUATOR NAME: Zina Brown LICENSING EVALUATOR SIGNATURE: DATE: 08/04/2026	
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: DATE: 08/04/2026	