

Department of  
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320433  
Report Date: 08/13/2026  
Date Signed: 08/13/2026 01:54:18 PM

Unsubstantiated

|                                                        |                                                                                                                                                        |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340<br>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 01/21/2026 and conducted by Evaluator Antonine Richard

|  |                                                |
|--|------------------------------------------------|
|  | COMPLAINT CONTROL NUMBER: 11-AS-20260121105251 |
|--|------------------------------------------------|

|                |                               |                         |                |
|----------------|-------------------------------|-------------------------|----------------|
| FACILITY NAME: | OCEANVIEW LIVING OF SAN PEDRO | FACILITY NUMBER:        | 198320433      |
| ADMINISTRATOR: | SABINA NAYBERG                | FACILITY TYPE:          | 740            |
| ADDRESS:       | 2100 SOUTH WESTERN AVENUE     | TELEPHONE:              | (310) 548-0625 |
| CITY:          | SAN PEDRO                     | ZIP CODE:               | 90732          |
| CAPACITY:      | 86                            | DATE:                   | 08/13/2026     |
|                | STATE: CA                     | UNANNOUNCED TIME BEGAN: | 08:36 AM       |
|                | CENSUS: 78                    | TIME                    | 02:15 PM       |
| MET WITH:      | ANITA CSUKARDI                | COMPLETED:              |                |

ALLEGATION(S):

|   |                                                                     |
|---|---------------------------------------------------------------------|
| 1 | Staff do not ensure care and supervision are provided to residents. |
| 2 | Staff does not ensure medications are dispensed as prescribed.      |
| 3 | Staff does not ensure resident records are properly maintained.     |
| 4 | Staff do not ensure residents care plans are followed               |
| 5 | Staff do not ensure residnets are accorded private visits.          |
| 6 | Staff do not ensure residents dietary plan is followed.             |
| 7 |                                                                     |
| 8 |                                                                     |
| 9 |                                                                     |

INVESTIGATION FINDINGS:

|    |                                                                                                             |
|----|-------------------------------------------------------------------------------------------------------------|
| 1  | On August 13, 2026, Licensing Program Analyst (LPA) Antonine Richard conducted an unannounced               |
| 2  | follow-up complaint investigation into the above allegations and met with the Administrator Anita Csukardi  |
| 3  | to explain the purpose of the investigation.                                                                |
| 4  |                                                                                                             |
| 5  | The investigation consisted of the following: On 01/30 2026, the Department requested and reviewed the      |
| 6  | facility's Residents' roster and staff roster. The Department also requested the resident records for (R1), |
| 7  | including the face sheet, physician report, admission agreement, Medication Administration Records          |
| 8  | (MAR), physician orders, care plan and facility menu. The Department obtained staff training records and    |
| 9  | facilities notes. The Department interviewed six residents (R2-R7), three staff members (S1-S3), three      |
| 10 | Med Techs (MT1-MT3), and the Administrator (A1). On August 13, 2026, the Department interviewed             |
| 11 | Med Tech (MT1).                                                                                             |
| 12 |                                                                                                             |
| 13 | Report continued On LIC9099C                                                                                |

|                 |                               |
|-----------------|-------------------------------|
| Unsubstantiated | Estimated Days of Completion: |
|-----------------|-------------------------------|

|                                                                                                         |                  |
|---------------------------------------------------------------------------------------------------------|------------------|
| SUPERVISORS NAME: Eva M Alvarez                                                                         |                  |
| LICENSING EVALUATOR NAME: Antonine Richard                                                              |                  |
| LICENSING EVALUATOR SIGNATURE:                                                                          | DATE: 08/13/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 08/13/2026 |

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 8  
**Control Number 11-AS-20260121105251**

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340<br>EL SEGUNDO, CA 90245 |
| <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>           |                                                                                                                                                        |

|                                                     |                                   |
|-----------------------------------------------------|-----------------------------------|
| <b>FACILITY NAME:</b> OCEANVIEW LIVING OF SAN PEDRO | <b>FACILITY NUMBER:</b> 198320433 |
|                                                     | <b>VISIT DATE:</b> 08/13/2026     |

| NARRATIVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | <b>Allegation #1: Staff do not ensure care and supervision are provided to residents.</b><br><br>The complaint alleged that residents frequently walk around the facility without using their walkers and that the staff is not attentive to their needs. On January 30, 2026, the department interviewed the Administrator (A1), who denied the allegations. A1 stated that staff checks on residents and provides assistance based on their care needs.<br><br>On the same day, the department also interviewed three Med Tech (MT1-MT3), all of whom denied the allegations. They emphasized that, like Med Tech, they prioritize the residents' needs and address any changes in their conditions.<br><br>Additionally, three other staff members (S1-S3) were interviewed and also denied the allegations. They asserted that, as caregivers, they ensure that all residents' care needs are met.<br><br>The department interviewed six residents (R2-R7), who all denied the allegations and expressed satisfaction with living at the facility, stating that the staff regularly checks on them. The department could not interview R1 because R1 declined to be interviewed, and later R1's responsible party moved them out of the facility on February 15, 2026.<br><br>Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation (s) did or did not occur; therefore, the allegation is <b>unsubstantiated</b> . |
| 2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 8         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 9         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 13        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 22        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 23        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 24        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 25        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 26        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 27        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 28        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 32        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|                                                                                                         |                  |
|---------------------------------------------------------------------------------------------------------|------------------|
| SUPERVISORS NAME: Eva M Alvarez                                                                         |                  |
| LICENSING EVALUATOR NAME: Antonine Richard                                                              |                  |
| LICENSING EVALUATOR SIGNATURE:                                                                          | DATE: 08/13/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 08/13/2026 |

**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** OCEANVIEW LIVING OF SAN PEDRO**FACILITY NUMBER:** 198320433**VISIT DATE:** 08/13/2026**NARRATIVE****1 Allegation #2: Staff does not ensure medications are dispensed as prescribed.**

2  
3 The complaint asserted that the medication order for resident R1 required the  
4 medication to be cut in half to reflect a change in dosage. On January 30, 2026, the  
5 department interviewed the Administrator (A1), who denied the allegation, stating  
6 that the Med Tech follow the medication records and physician's orders.  
7

8  
9 During the same visit, the department interviewed three Med Tech (MT1-MT3), all of  
10 whom also denied the allegation. On August 13, 2026, the department interviewed  
11 MT1 again, who confirmed that they comply with the doctor's orders by cutting the  
12 pills in half as instructed.  
13

14  
15 Additionally, three staff members (S1-S3) were interviewed, and they denied the  
16 allegation, stating that the Med Tech dispenses medication according to the doctor's  
17 orders. On January 30, 2026, the department interviewed six residents (R2-R7), all  
18 of whom denied the allegation and reported receiving their medications on time.  
19

20  
21 Unfortunately, the department was unable to interview resident R1, as R1 declined  
22 to be interviewed and was later moved out of the facility by the responsible party.  
23 Finally, on August 13, 2026, the department reviewed R1's Medication Administration  
24 Record (MAR) and found no discrepancies.  
25

26  
27 Although the allegation may have happened or is valid, there is not a preponderance of  
28 evidence to prove the alleged violation (s) did or did not occur; therefore, the allegation is  
29 **unsubstantiated.**  
30  
31  
32

**SUPERVISORS NAME:** Eva M Alvarez**LICENSING EVALUATOR NAME:** Antonine Richard**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/13/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and  
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/13/2026

LIC9099 (FAS) - (06/04)

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**Control Number 11-AS-20260121105251****COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** OCEANVIEW LIVING OF SAN PEDRO**FACILITY NUMBER:** 198320433**VISIT DATE:** 08/13/2026**NARRATIVE****1 Allegation #3: Staff does not ensure resident records are properly maintained.**

2  
3 The complaint alleged that the resident's records were not being properly  
4 maintained. On January 30, 2026, the department interviewed the Administrator  
5 (A1), who denied the allegation and stated that the facility used a table system to  
6  
7

organize residents' records, making it easier to locate information. Concurrently, the department interviewed three Medication Technicians (MT1-MT3), all of whom denied the allegation and affirmed that they properly maintained records, including medication records, to ensure documentation was available to residents during emergencies.

Additionally, the department interviewed three staff members (S1-S3), each of whom stated that the facility used face sheets for all residents to maintain accurate records. The department also interviewed six residents (R2-R7); while all expressed some uncertainty about whether the records were being properly maintained, they believed they were. One resident, R1, declined to be interviewed, and the responsible party moved R1 out of the facility on February 15, 2026.

Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation (s) did or did not occur; therefore, the allegation is **unsubstantiated**.

|                                                                                                         |                         |
|---------------------------------------------------------------------------------------------------------|-------------------------|
| <b>SUPERVISORS NAME:</b> Eva M Alvarez                                                                  |                         |
| <b>LICENSING EVALUATOR NAME:</b> Antonine Richard                                                       |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>                                                                   | <b>DATE:</b> 08/13/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               | <b>DATE:</b> 08/13/2026 |

|                                                        |                                                                                                                                                        |
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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340<br>EL SEGUNDO, CA 90245 |
| <b>COMPLAINT INVESTIGATION REPORT<br/>(Cont)</b>       |                                                                                                                                                        |

|                                                     |                                   |
|-----------------------------------------------------|-----------------------------------|
| <b>FACILITY NAME:</b> OCEANVIEW LIVING OF SAN PEDRO | <b>FACILITY NUMBER:</b> 198320433 |
|                                                     | <b>VISIT DATE:</b> 08/13/2026     |

| NARRATIVE |                                                                                       |
|-----------|---------------------------------------------------------------------------------------|
| 1         | <b>Allegation #4: Staff do not ensure residents care plans are followed.</b>          |
| 2         |                                                                                       |
| 3         |                                                                                       |
| 4         | The complaint alleged that the staff was not adhering to the R1 care plan. On         |
| 5         | January 30, 2026, the department interviewed the Administrator (A1), who denied       |
| 6         | the allegation, stating that the staff provides care based on each resident's needs   |
| 7         | and service plan. The facility staff is expected to follow the resident care plan and |
| 8         | make any changes in residents' conditions.                                            |
| 9         |                                                                                       |
| 10        |                                                                                       |
| 11        | On the same day, the department interviewed three Medication Technicians (MT1,        |
| 12        | MT2, and MT3), all of whom denied the allegations, stating that they follow the       |
| 13        | doctor's care plan and adhere to family notes. Additionally, three other staff        |
| 14        | members (S1, S2, and S3) were interviewed, and they confirmed that they comply        |
| 15        | with the doctor's orders and follow the needs and services plans in the file.         |
| 16        |                                                                                       |
| 17        |                                                                                       |
| 18        |                                                                                       |
| 19        |                                                                                       |
| 20        | On January 30, 2026, the department interviewed six residents (R2, R3, R4, R5,        |
| 21        | R6, and R7), all of whom also denied the allegations and stated that the staff        |
| 22        | assisted them with their Activities of Daily Living (ADLs).                           |
| 23        |                                                                                       |
| 24        |                                                                                       |

25 On August 13, 2026, the department reviewed the care plan for resident R1. The  
26 care plan indicated that R1 required assistance from one person across three shifts.  
27 The department was unable to interview R1, as R1 declined to participate. Later,  
28 on February 15, 2026, the responsible party moved R1 out of the facility.  
29  
30  
31 Although the allegation may have happened or is valid, there is not a  
32 preponderance of evidence to prove the alleged violation (s) did or did not occur;  
therefore, the allegation is **unsubstantiated**.

**SUPERVISORS NAME:** Eva M Alvarez  
**LICENSING EVALUATOR NAME:** Antonine Richard  
**LICENSING EVALUATOR SIGNATURE:**  
**DATE:** 08/13/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
**DATE:** 08/13/2026

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**Control Number 11-AS-20260121105251**

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**COMPLAINT INVESTIGATION REPORT (Cont)**

**FACILITY NAME:** OCEANVIEW LIVING OF SAN PEDRO **FACILITY NUMBER:** 198320433  
**VISIT DATE:** 08/13/2026

| NARRATIVE |                                                                                                                                             |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | <b>Allegation #5: Staff do not ensure residents are accorded private visits.</b>                                                            |
| 2         |                                                                                                                                             |
| 3         |                                                                                                                                             |
| 4         | The complaint alleged that staff members interrupted resident meetings with                                                                 |
| 5         | healthcare professionals when those meetings involved Resident 1 (R1). On                                                                   |
| 6         | January 30, 2026, the department interviewed the Administrator (A1), who denied                                                             |
| 7         | the allegations. A1 stated that they ensured the privacy of all residents during                                                            |
| 8         | healthcare visits and that staff would only enter the room to assist with resident                                                          |
| 9         | safety.                                                                                                                                     |
| 10        |                                                                                                                                             |
| 11        |                                                                                                                                             |
| 12        |                                                                                                                                             |
| 13        | Additionally, the department interviewed three Med Tech (MT1, MT2 and MT3),                                                                 |
| 14        | all of whom also denied the allegations, asserting that residents were able to talk to                                                      |
| 15        | their family, friends, and healthcare staff in their rooms. The department then                                                             |
| 16        | conducted interviews with three other staff members (S1-S3), who similarly                                                                  |
| 17        | denied the allegations and confirmed that residents have the right to privacy,                                                              |
| 18        | stating that meetings are held in the residents' rooms.                                                                                     |
| 19        |                                                                                                                                             |
| 20        |                                                                                                                                             |
| 21        |                                                                                                                                             |
| 22        |                                                                                                                                             |
| 23        | On the same day, the department interviewed six residents (R2-R7), all of whom                                                              |
| 24        | denied the allegations and stated that they feel their meetings are private. However,                                                       |
| 25        | the department was unable to interview Resident R1 on January 30, 2026, because                                                             |
| 26        | R1 declined the interview. Subsequently, on February 15, 2026, the responsible                                                              |
| 27        | party moved R1 out of the facility.                                                                                                         |
| 28        |                                                                                                                                             |
| 29        |                                                                                                                                             |
| 30        |                                                                                                                                             |
| 31        | Although the allegation may have happened or is valid, there is not a                                                                       |
| 32        | preponderance of evidence to prove the alleged violation (s) did or did not occur;<br>therefore, the allegation is <b>unsubstantiated</b> . |

**SUPERVISORS NAME:** Eva M Alvarez  
**LICENSING EVALUATOR NAME:** Antonine Richard

|                                                                                                         |                  |
|---------------------------------------------------------------------------------------------------------|------------------|
| LICENSING EVALUATOR SIGNATURE:                                                                          | DATE: 08/13/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 08/13/2026 |

|                                                        |                                                                                                                                                        |
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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340<br>EL SEGUNDO, CA 90245 |
| <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>           |                                                                                                                                                        |

|                                                     |                                   |
|-----------------------------------------------------|-----------------------------------|
| <b>FACILITY NAME:</b> OCEANVIEW LIVING OF SAN PEDRO | <b>FACILITY NUMBER:</b> 198320433 |
|                                                     | <b>VISIT DATE:</b> 08/13/2026     |

| NARRATIVE |                                                                                     |
|-----------|-------------------------------------------------------------------------------------|
| 1         | <b>Allegation #6: Staff do not ensure residents dietary plan is followed.</b>       |
| 2         |                                                                                     |
| 3         |                                                                                     |
| 4         | The complaint alleged that the staff did not adhere to Resident 1's (R1) dietary    |
| 5         | plan. R1 was not permitted to consume caffeine products; however, caffeine was      |
| 6         | found in R1's room. On January 30, 2026, the department interviewed the             |
| 7         | Administrator (A1), who denied the allegation. A1 stated that all staff members     |
| 8         | communicated residents' dietary needs to the appropriate personnel, including       |
| 9         | kitchen and care staff. According to A1, staff members would follow special         |
| 10        | dietary guidelines based on residents' needs and physician orders.                  |
| 11        |                                                                                     |
| 12        |                                                                                     |
| 13        |                                                                                     |
| 14        | During the same investigation, the department interviewed three Medical             |
| 15        | Technicians (MT1, MT2, and MT3), all of whom denied the allegation. They            |
| 16        | stated that dietary needs are met in accordance with resident information,          |
| 17        | physician orders, and individual care plans. On August 13, the department           |
| 18        | conducted a follow-up interview with MT1, who noted that R1's care plan and the     |
| 19        | physician's report contained no dietary guidelines.                                 |
| 20        |                                                                                     |
| 21        |                                                                                     |
| 22        |                                                                                     |
| 23        |                                                                                     |
| 24        | Additionally, the department interviewed three staff members (S1, S2, and S3), all  |
| 25        | of whom denied the allegations and assured that they follow the residents' care     |
| 26        | plans. Furthermore, on January 30, 2026, the department interviewed six residents   |
| 27        | (R2 to R7), all of whom denied the allegation and confirmed that the staff follows  |
| 28        | their dietary plans. They also expressed that they have no concerns regarding their |
| 29        | meals.                                                                              |
| 30        |                                                                                     |
| 31        |                                                                                     |
| 32        |                                                                                     |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>SUPERVISORS NAME:</b> Eva M Alvarez                                                                  |
| <b>LICENSING EVALUATOR NAME:</b> Antonine Richard                                                       |
| <b>LICENSING EVALUATOR SIGNATURE:</b>                                                                   |
| DATE: 08/13/2026                                                                                        |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               |
| DATE: 08/13/2026                                                                                        |

|                                                        |                                                                                                                                                        |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340<br>EL SEGUNDO, CA 90245 |
| <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>           |                                                                                                                                                        |

|                                                     |                                   |
|-----------------------------------------------------|-----------------------------------|
| <b>FACILITY NAME:</b> OCEANVIEW LIVING OF SAN PEDRO | <b>FACILITY NUMBER:</b> 198320433 |
|                                                     | <b>VISIT DATE:</b> 08/13/2026     |

**NARRATIVE**

On August 13, 2026, the department records reviewed for the R1 Physician report indicate there was no special diet. Additionally, the restricted Health condition Service Plan contained no dietary plan or caffeine instructions. The department reviewed the facility's menu, which offered a variety of food and drink options.

Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation (s) did or did not occur; therefore, the allegation is **unsubstantiated**.

No deficiencies were cited.

An exit interview was conducted, and a copy of this report was provided to the Administrator Anita Csukardi.

**SUPERVISORS NAME:** Eva M Alvarez

**LICENSING EVALUATOR NAME:** Antonine Richard

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 08/13/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/13/2026