

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 198320456

Report Date: 01/30/2026

Date Signed: 01/30/2026 02:59:07 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/22/2026** and conducted by Evaluator Perry Scott

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 11-AS-20260122123623</b>
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<b>FACILITY NAME:</b> TERRAZA COURT SENIOR LIVING	<b>FACILITY NUMBER:</b> 198320456
<b>ADMINISTRATOR:</b> KAVANAUGH, BRITTANY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 10955 WASHINGTON BLVD	<b>TELEPHONE:</b> (310) 838-7800
<b>CITY:</b> CULVER CITY	<b>ZIP CODE:</b> 90232
<b>CAPACITY:</b> 170	<b>DATE:</b> 01/30/2026
<b>MET WITH:</b> Maria Garcia/Michelle Brown	<b>UNANNOUNCED TIME BEGAN:</b> 09:41 AM
	<b>TIME COMPLETED:</b> 03:10 PM

### ALLEGATION(S):

1	Staff did not ensure that resident received medical care in a timely manner.
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### INVESTIGATION FINDINGS:

1	On 1/30/26, at 9:30am, the department conducted an initial complaint visit to the facility and was greeted
2	by Maria Garcia, Business Office Manager, and later joined by Michelle Brown, Wellness Director. The
3	department explained the purpose of this visit was to gather information about the complaint, gather
4	facility files, interview staff and residents, and deliver findings for the allegation(s) mentioned above.
5	
6	The investigation consisted of the following: The department investigated the allegations mentioned in
7	this complaint and conducted interviews with staff (S1-S4) and residents (R1-R10). The department
8	received the following documents: Resident Roster (Date: 01/29/2026), Staff Roster (Dated: 01/29/2026),
9	Face Sheet/ID Emergency information (Dated: 04/11/2025), Physician's Report (Dated: 04/08/2025),
10	Appraisal & Needs Service Plan (Dated: 05/02/2025), Pre-Placement Appraisal (Dated:04/11/2025),
11	Admission Agreement (Dated: 04/11/2025), After Visit Summary Cedars-Sinai (Dated: 11/23/2025), and
12	Incident Report (Dated: 01/26/2026) from the facility.
13	Report Continued on LIC9099-C

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Janae Hammond  
**LICENSING EVALUATOR NAME:** Perry Scott  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/30/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/30/2026

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-20260122123623**

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:** TERRAZA COURT SENIOR LIVING

**FACILITY NUMBER:** 198320456

**VISIT DATE:** 01/30/2026

### NARRATIVE

1 The investigation revealed the following: **Allegation- Staff did not ensure that resident received**  
2 **medical care in a timely manner.**

3  
4 The details of the complaint alleged that the facility did not get the resident medical care in a timely  
5 manner. On 1/30/2026, from 9:30am-3:00pm, the department interviewed staff (S1-S4) regarding the  
6 allegation. 4 of 4 staff denied the allegation that **Staff did not ensure that resident received medical**  
7 **care in a timely manner.** All staff stated that the facility does call for emergency services in a timely  
8 manner whenever the resident has needed assistance on previous hospital visits and currently. Staff  
9 stated that the resident was recently being transported in their wheelchair when their body began to  
10 shake. They stated the caregivers lowered the resident out of their wheelchair to the ground, 911 was  
11 called, the executive director was notified, and the caregivers stayed with the resident until paramedics  
12 arrived. They stated that the resident was assessed by paramedics and taken to So Cal Culver City  
13 emergency room. Staff stated that when the resident was observed possibly having a seizure, 911 was  
14 called immediately.

15  
16 The department interviewed residents (R1-R10) about the allegation and 10 of 10 residents that were  
17 interviewed stated that they have not had any issues with getting medical attention in a timely manner.  
18 They state that whenever they need or ask for medical services to be called, the staff always calls  
19 immediately.

20  
21 The department reviewed the After Visit Summary Cedars-Sinai (Dated: 11/23/2025), Incident Report  
22 (Dated: 01/26/2026), Physician's Report (Dated: 04/08/2025), Appraisal & Needs Service Plan (Dated:  
23 05/02/2025), and Pre-Placement Appraisal (Dated:04/11/2025). The department did not find any  
24 evidence in the interviews or records that would suggest that the facility failed to ensure that the resident  
25 received medical care in a timely manner.

26  
27 Based on interviews, and records reviewed, there is insufficient evidence to support the allegation that  
28 **Staff did not ensure that resident received medical care in a timely manner.** Although the allegation  
29 may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation  
30 did or did not occur, therefore the allegation is **Unsubstantiated.**

31  
32 **No deficiencies were cited for this complaint investigation.**

An exit interview was conducted with Michelle Brown, Wellness Director, and a hard copy of this  
Complaint Investigation Report was provided.

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

**DATE:** 01/30/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/30/2026