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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320456
Report Date: 08/06/2026
Date Signed: 08/06/2026 03:20:55 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/17/2026** and conducted by Evaluator Zina Brown

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260717133308

FACILITY NAME:	TERRAZA COURT SENIOR LIVING			**FACILITY NUMBER:**	198320456
ADMINISTRATOR:	LINDA POYTHRESS			**FACILITY TYPE:**	740
ADDRESS:	10955 WASHINGTON BLVD			**TELEPHONE:**	(310) 838-7800
CITY:	CULVER CITY	**STATE:** CA		**ZIP CODE:**	90232
CAPACITY:	170	**CENSUS:** 104		**DATE:**	08/06/2026
		UNANNOUNCED		**TIME BEGAN:**	11:50 AM
MET WITH:	Michell Brown (Wellness DIrector)			**TIME COMPLETED:**	03:30 PM

ALLEGATION(S):

1	Facility is not meeting the residents dietary restrictions.
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INVESTIGATION FINDINGS:

1	On 08/06/2026 at 11:50am, the Department conducted an subsequent visit at the facility listed above to
2	deliver the investigation findings. The Department met with Michell Brown (Wellness Director) and
3	explained the purpose of the visit.
4	
5	The investigation consisted of the following: On 07/23/2026, the Department conducted interviews with
6	A1, Staff (S1 - S10) and Resident (R1 -R10) between the hours of 10:55am - 4:23pm. The Department
7	requested and obtained the following documentation such as staff roster (dated 05/19/2026), resident
8	roster (dated 07/06/2026) LIC 601 Identification and Emergency Information (dated 07/22/2025), LIC
9	602A Physician Report (dated 07/21/2025), LIC 603 Preplacement Appraisal Information(dated
10	07/22/2025), Assessment (02/01/2026), Admission Agreement (dated 07/22/2025), List of Residents with
11	Dietary Need & Restrictions (on 07/23/2026) and Weekly Menus (dated 7/12/2026 - 8/8/2026).
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Substantiated	Estimated Days of Completion:

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Zina Brown
LICENSING EVALUATOR SIGNATURE:
DATE: 08/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/06/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

NARRATIVE

The investigation revealed the following:

Allegation: Facility is not meeting the residents dietary restrictions.
It was alleged that a resident with health issues was being served food that was not healthy for the resident's condition, and that the facility was not following the dietary orders provided by the resident's physician.

On 07/23/2026 between the hours of 1:30pm - 2:00pm the Department interview the Administrator (A1) in regards to the allegation. A1 denied the allegation and stated dietary orders are received from physicians, communicated to culinary staff, documented on the kitchen whiteboard, and implemented through substitute meals and updates provided by the wellness and executive directors.

On 07/23/2026 between the hours of 9:50am - 3:02pm and on 08/06/2026 between the hours of 12:09pm - 12:18pm, the Department interview 10 staff in regards to the allegation. 10 out of 10 staff did not confirm nor deny the allegation. Of the 10 staff who did not confirm nor deny the allegation: 3 staff mentioned working in memory care with R1 resides in assisted living, 4 staff have knowledge of R1 having restriction but did not report unmet dietary needs and 3 staff are not aware of R1's restrictions.

On 07/23/2026 between the hours of 10:46am - 4:25pm the Department interview 9 residents in regards to the allegation. 2 out of 9 residents confirmed the allegation. R1 reported receiving multiple meals that did not meet their extensive dietary restrictions and stated accommodations promised at admission were not implemented. R9 reported receiving meals inconsistent with their pre-diabetic dietary needs, including excessive starches and inconsistent delivery of fruit and salad, and expressed concern that the meals may affect their A1C. 7 out of 9 residents did not confirm nor deny the allegation reported no dietary restrictions or no issues with the meals that are provided.

On 07/23/2025 between the hours of 1:00pm - 2:00pm, the Department conducted a record review and observed the following: According to the Residence and Care Agreement (dated 07/22/2025) which states e. meals section it states 1. Dining Room: We will serve three (3) nutritionally balanced meals and snacks daily to resident at the Community. These meals and snacks are included in your monthly fee. We will also accommodate some special diets, if prescribed by your physician as a medical necessity.

Investigation findings continue on LIC 9099-C

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Zina Brown
LICENSING EVALUATOR SIGNATURE:
DATE: 08/06/2026

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NARRATIVE

On 07/23/2026, the Department conducted a record review and observed the following: A1 provided a photo of the whiteboard in the kitchen which consist of a list of resident who have dietary needs /restriction. However on the date of 07/23/2026, the facility did not have Resident 1 (R1) dietary needs/restrictions listed. A1 stated that the whiteboard need to be updated with additional information in regards to other residents who have dietary restrictions and needs.

According to the LIC 602 Medical Assessment for Residential Care Facilities for the Elderly (dated 07/21/2025) on page 3 of 9 in the Results of Exam for Other Medical Conditions states yes R1 does have prospective resident medical conditions such as unspecified protein-calorie malnutrition On page 4 of 9 in section In the allergies section it states yes resident has allergies such as Azithromycin, chlordiazepoxide, clonazepam, diazepam, erythromycin, metronidazole sulfa antibiotics, corn, wheat, wheat bran, cotrim and iodine contrast 1. Over Physical Health e. Special Diet in the explain such it say NAS (no added salt). On LIC 603 Preplacement Appraisal Information (dated 07/22/2025) in the health section it states no sugar, no flour, dairy besides yogurt, pork, red meat, spaghetti, wheat, gluten, fruit juice fruits, corn and peanuts. In the services needed section is yes is checked for special diet/observation. A assessment (dated 02/01/2026) indicate a condition/need for Candida Diagnosis requires culinary as the lead department for a special diet applicable across all daily meals.

On 08/06/2026,between the hours of 12:20pm – 1:20pm, the Department conducted a tour of the kitchen and observed R1's room number listed with the notation "protein and veggies only." The Department also reviewed the alternative menu options posted. The alternative menu included items containing ingredients prohibited for R1, such as flour, wheat, gluten, dairy, pork, red meat, pasta, fruit, sugar, sauces, corn, and peanuts. The alternative menu items include cheese quesadilla, pastrami sandwich with fries, hamburger with fries, turkey burger with fries, blt with chips, chicken salad sandwich, plant-based chicken cultlet, pasta with plant-based meatballs and marinara, vegan cheese quesadilla and veggie sandwich which does not met R1's documented dietary restrictions. Furthermore, the facility provided no documentation showing how modified alternative meals were prepared to comply with physician-ordered diets for R1 and other residents with dietary restrictions

Investigation findings continue on LIC 9099-C

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LICENSING EVALUATOR NAME: Zina Brown
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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/06/2026

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: TERRAZA COURT SENIOR LIVING **FACILITY NUMBER:** 198320456
VISIT DATE: 08/06/2026

NARRATIVE

Based on the Department's observations and interviews which were conducted and the records that were reviewed, the preponderance of evidence standard has been met, therefore the above allegation is found to be SUBSTANTIATED under California Code of Regulations, Title 22, Division 6 and Chapter 8 are being cited on the attached LIC 9099D and a copy of this report was provided with appeal rights.

Exit interview conducted with Michell Brown (Wellness Director) .

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Zina Brown
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FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 08/06/2026

Control Number 11-AS-20260717133308

FACILITY NAME: TERRAZA COURT SENIOR LIVING **FACILITY NUMBER:** 198320456
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/06/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/03/2026 **Section Cited** CCR 87464(d)	However, if a facility chooses to accept a particular resident for care, the facility shall be responsible for meeting the resident's needs as identified in the pre-admission appraisal specified in Section 87457, Pre-admission Appraisal. This requirement was not met by: based interviews, records review	The licensee will create & maintain an updated & current dietary restriction list for all residents with dietary needs from the residents LIC 602, LIC 603 & LIC 625, develop menus that support each resident’s documented restrictions, and keep a daily log of meals served to residents with dietary
	& observation the facility failed to meet R1's dietary restrictions/needs as identified in the LIC 603 & LIC 625. The kitchen dietary list & alternative menu options failed to reflect or support these restrictions, posing a potential risk to R1's health and safety.	residents with dietary needs. Proof of correction will be submitted to the CCLD/El Segundo ASC Office via fax at 424-544-1016 Attn: Zina Brown or via email at zina.brown@dss.ca.gov by the POC due date.

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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.

SUPERVISOR'S NAME: Janae Hammond
LICENSING EVALUATOR NAME: Zina Brown
LICENSING EVALUATOR SIGNATURE:
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