<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320498
Report Date: 09/04/2026
Date Signed: 09/04/2026 12:29:40 PM

Unsubstantiated

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 **11/18/2025** and conducted by Evaluator Antonine Richard

	COMPLAINT CONTROL NUMBER: 11-AS-20251118083945

FACILITY NAME:	GENERATIONS OF LOS ANGELES ASSISTED LVNG. FACILITY			**FACILITY NUMBER:**	198320498
ADMINISTRATOR:	CAMARIN JOHNSON			**FACILITY TYPE:**	740
ADDRESS:	3540 MARTIN LUTHER KING, JR.			**TELEPHONE:**	(310) 638-4113
CITY:	LYNWOOD	**STATE:** CA		**ZIP CODE:**	90262
CAPACITY:	178	**CENSUS:** 127		**DATE:**	09/04/2026
		UNANNOUNCED		**TIME BEGAN:**	08:20 AM
MET WITH:	Jennifer Rivas			**TIME COMPLETED:**	12:45 PM

ALLEGATION(S):

1	Care staff do not have access to residents's medical records during emergencies.
2	Licensee allows unqualified staff to dispense medications to residents in care.
3	Staff do not ensure residents take their medications once dispense.
4	Staff do not observe changes in residents health condition.
5	Staff do not ensure medical attention is provided to residents.
6	Licensee does not ensure facility has adequate essential PPE supplies.
7	Facility does not have sufficient staff at all times to meet resident needs.
8	
9	

INVESTIGATION FINDINGS:

1	This report clarifies the complaint allegations. It supersedes the previous LIC 9099 and LIC 9099C
2	reports dated July 21, 2026. The investigation's findings remain unchanged. On September 04, 2026,
3	Licensing Program Analyst (LPA) Antonine Richard from the California Department of Social
4	Services/Community Care Licensing (CDSS/CCL) conducted an unannounced follow-up visit regarding
5	the complaint. The LPA met with Administrator (A1) Jenniffer Rivas and explained the purpose of the visit.
6	
7	The investigation involved collecting records, conducting interviews, and touring the facility. It began on
8	November 11, 2025. The documents reviewed included the Personnel Report (LIC 500) dated February
9	26, 2026, and the Client Roster dated March 29, 2026. The Department interviewed the Administrator
10	(A1), fourteen staff members (S1-S14), and thirteen residents (R2-R14). On the same day, the
11	Department also collected documents for resident number one (R1), including the Admission Agreement,
12	Physician's Report, and Medical Assessment. Additionally, the Department gathered facility records, staff
13	medication training records, and Med Tech Certificates. The Department was unable to interview R1 due to health conditions.

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE:
DATE: 09/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/04/2026

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

Control Number 11-AS-20251118083945

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: GENERATIONS OF LOS ANGELES ASSISTED LVNG. FACILITY **FACILITY NUMBER:** 198320498

VISIT DATE: 09/04/2026

NARRATIVE

Allegation #1: Care staff does not have access to residents' medical records during emergencies.

The complaint alleged that the Licensed Vocational Nurse (LVN) keeps residents' medical files locked in the medication room. On July 16, 2026, the department interviewed the Administrator (A1), who stated that only Med Tech and LVN should access the Medical Technical Room. Only staff members involved in assisting with medications require access to the Med Room. A1 also stated that the facility has five Med Tech on site in case of an emergency.

The department interviewed fourteen (14) staff members (S1-S14). All denied the allegation, stating that only Med Tech and LVN have access to the Medication Room. They all confirmed that both Med Tech and LVN, as well as all care staff involved in medication administration, have access to residents' medical records in emergencies. They further stated that if someone does not assist with medications, there would be no reason for them to access the records. Additionally, the department interviewed thirteen (13) residents (R2-R14), all of whom stated that they believe the staff has access to their medical records. On the same day, the department toured the facility and observed the Med Tech and LVN in the Med Tech room. The department was unable to interview resident #1 (R1) due to R1's health condition.

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.**

Allegation #2: Licensee allows unqualified staff to dispense medications to residents in care.

The complaint alleged that facility management instructs caregivers, who are not qualified, to dispense medications. It also claimed that temporary agency staff members were asked to dispense medications without proper certification. The department interviewed the Administrator, who denied these allegations and asserted that only Med Tech, LVN, and trained, certified caregivers may assist with medication administration. The facility reportedly does not hire temporary agency staff.

Reports continued on LIC9099C.

LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE:
DATE: 09/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/04/2026

Control Number 11-AS-20251118083945

FACILITY NAME: GENERATIONS OF LOS ANGELES ASSISTED LVNG. FACILITY **FACILITY NUMBER:** 198320498

VISIT DATE: 09/04/2026

NARRATIVE

The department interviewed fourteen (14) staff members (S1-S14), all of whom denied the allegations and stated that only Med Tech and nurses dispense medications, and certified caregivers assist with medications. The department interviewed thirteen (13) residents (R2-R14), all of whom also denied the allegations and confirmed that the Med Tech administers their medications. The department also reviewed facility records, which indicated that three Med Tech are scheduled for each shift. On that day, the department observed that a Med Tech was assisting the residents with their medications. The department was unable to interview resident #1 (R1) due to R1's health condition.

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.**

Allegation #3: Staff do not ensure residents take their medications once dispensed.

The complaint alleged that the staff do not ensure residents take their medications after they are dispensed. The department interviewed the Administrator (A1), who denied the allegation. A1 stated that medication technicians ensure residents take their medications unless residents refuse, and that they attempt to have residents take their medications again later.

The department interviewed 14 staff members (S1-S14), all of whom denied the allegations and confirmed that medication technicians make sure residents take their medications. If a resident refuses to take their medication, the technicians will try again later. On the same date, the department interviewed thirteen (13) residents (R12-R14), all of whom denied the allegations. The department interviewed five additional staff members (S1-S5), who again denied the allegations. They reiterated that Med Tech, nurses, and certified caregivers ensure that residents take their medications. Additionally, they stated that Med Tech provide their medications and help ensure they take them by watching them take them. The residents also mentioned that they do not often refuse their medications. The department was unable to interview the residents (R1) due to health conditions.

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.**

Reports Continued on LIC9099C.

SUPERVISORS NAME: Eva M Alvarez

LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE:
DATE: 09/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/04/2026

Control Number 11-AS-20251118083945

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: GENERATIONS OF LOS ANGELES ASSISTED LVNG. FACILITY

FACILITY NUMBER: 198320498

VISIT DATE: 09/04/2026

NARRATIVE

Allegation #4: Staff do not observe changes in residents health conditions.

The complaint alleged that a resident, who was previously able to ambulate, is now bedridden and experiencing hip pain. The department interviewed the Administrator (A1), who denied the allegation and stated that facility staff regularly observed any changes in residents' conditions. A1 explained that staff would inform the nurses and Med Tech about any changes in residents' health, prompting them to notify the physician accordingly.

The department interviewed fourteen (14) staff members (S1-S14). All staff members denied the allegations, stating that if they noticed any changes in a resident's condition, they would inform the Med Tech to ensure residents receive proper care. They confirmed that if any staff members noticed changes in a resident's condition, they would notify the Med Tech and nurses. Additionally, the department interviewed thirteen (13) residents (R2-R14), all of whom denied the allegations. The department also reviewed R1's physician reports dated 01/18/2026, which indicated that R1 is neither bedridden nor receiving hospice care and can care for R1's toileting needs. Additionally, the department observed R1 seated on R1's bed, looking at the phone. The department did not observe any bruises on R1 or any hospital documentation of hip fractures. The department was unable to interview R1 due to health conditions.

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.**

Allegation #5: Staff do not ensure medical attention is provided to residents.

The complaint alleged that bruises were observed on a resident's hip and leg. When this was reported to the Licensed Vocational Nurse (LVN), no action was taken. The department interviewed the Administrator (A1), who denied the allegations and stated that the LVN would not ignore such a report. The Administrator explained that if residents are sick or injured, the facility contacts Medical Emergency to send them to the hospital or allows the nurses and medication technicians to assist the residents. If a resident does not have a prescription, they must call Medical Emergency for any pain or discomfort.

Reports Continued on LIC9099C

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE:
DATE: 09/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 09/04/2026

Control Number 11-AS-20251118083945

FACILITY NAME: GENERATIONS OF LOS ANGELES ASSISTED LVNG. FACILITY **FACILITY NUMBER:** 198320498

VISIT DATE: 09/04/2026

NARRATIVE

The department interviewed fourteen (14) staff members (S1-S14), all of whom denied the allegations and affirmed that they ensure all residents in care receive medical attention. Additionally, the department interviewed thirteen (13) residents (R2-R14), who also denied the allegations, stating that staff helps them when they need medical assistance. The department reviewed the facility's schedule for medication technicians, which showed that three Med tech were working overnight. The department was unable to interview the resident R1 due to R1's health condition.

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.**

Allegation #6: Licensee does not ensure facility has adequate essential PPE supplies.

The complaint alleged that the facility lacked sufficient personal protective equipment (PPE) supplies. The department interviewed the Administrator (A1), who denied the allegation and stated that the facility had plenty of supplies, including masks, incontinence pads, wipes, hand sanitizers, and protective gloves.

The department interviewed fourteen (14) staff members (S1-S14), all of whom denied the allegation and confirmed that the facility had a large supply of PPE. Additionally, the department interviewed thirteen (13) residents (R2-R14), all of whom reported that when they requested masks or other PPE, the facility provided them. On July 16, 2026, the department toured the facility and observed two rooms filled with incontinence and PPE supplies.

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.**

Reports Continued on LIC9099C

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE: **DATE:** 09/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 09/04/2026

Control Number 11-AS-20251118083945

NARRATIVE

Allegation #7: Facility does not have sufficient staff at all times to meet resident needs.

The complaint alleged that the facility lacks sufficient staff to meet residents' needs. The department interviewed the Administrator (A1), who denied the allegation, stating, "I think we have too many staff for each shift." The department also interviewed fourteen (14) staff members (S1-S14), all of whom denied the allegation. They affirmed that the facility schedules five caregivers and three medication technicians (MTs) for each shift.

The department interviewed thirteen (13) residents (R2-R14), all of whom denied the allegations and asserted that assistance is always available when needed, including at night. During the department's visit to the facility, several caregivers, medication technicians, and housekeepers were observed actively working. A review of the shift schedules revealed that the facility is adequately staffed for morning, afternoon, and night shifts. Unfortunately, the department was unable to interview resident R1 due to health conditions.

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. A copy of this report was provided to the Administrator, Jennifer Rivas.

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE:
DATE: 09/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/04/2026