

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 198320514  
Report Date: 02/05/2026  
Date Signed: 02/05/2026 04:49:18 PM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/02/2026** and conducted by Evaluator Wendy Gibbs

	<b>COMPLAINT CONTROL NUMBER: 11-AS-20260102134450</b>
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<b>FACILITY NAME:</b> SILVERADO ROLLING HILLS	<b>FACILITY NUMBER:</b> 198320514
<b>ADMINISTRATOR:</b> GIUNTO, TAYLOR	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2455 PACIFIC COAST HWY	<b>TELEPHONE:</b> (949) 240-7200
<b>CITY:</b> TORRANCE	<b>STATE:</b> CA
<b>CAPACITY:</b> 68	<b>ZIP CODE:</b> 90505
<b>MET WITH:</b> Christina Hale	<b>CENSUS:</b> UNANNOUNCED
	<b>DATE:</b> 02/05/2026
	<b>TIME BEGAN:</b> 01:02 PM
	<b>TIME COMPLETED:</b> 04:50 PM

#### ALLEGATION(S):

1	Facility staff does not ensure resident is provided adequate supervision resulting in resident having multiple falls while in care.
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#### INVESTIGATION FINDINGS:

1	On 02/05/2026, Licensing Program Analyst, Wendy Gibbs, conducted a subsequent unannounced Complaint Visit to the facility listed above. LPA met with Administrator, Christina Hale, and the purpose of today's visit was explained. LPA was granted entry into the facility. The investigation consisted of the following: During the initial visit conducted on 01/08/2026, LPA inspected the facility, interviewed Staff S1, S2, S4-S6, interviewed residents Responsible Party W1 and W2, and received documents pertinent to the investigation. The following documents were received and reviewed Staff Roster, Resident Roster, Physician's Report, Needs and Service Plan, Fall Assessment, Admission Agreement, Fall Plan, Hospice Plan, incident reports, and Charting Notes. During a subsequent visit conducted on 01/23/2026, LPA inspected the facility, interviewed Residents R2-R6, and interviewed resident's Responsible Party W3-W5. During today's visit, LPA interviewed Staff S3, S7 and S8, received training logs for Staff S3-S8, and in-service logs. The investigation revealed the following:
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Eva M Alvarez  
**LICENSING EVALUATOR NAME:** Wendy Gibbs  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/05/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/05/2026

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-20260102134450**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
EL SEGUNDO ASC, 1000 CORPORATE DR #100  
MONTEREY PARK, CA 91754

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** SILVERADO ROLLING HILLS

**FACILITY NUMBER:** 198320514

**VISIT DATE:** 02/05/2026

### NARRATIVE

- 1 **Allegation: Facility staff does not ensure resident is provided adequate supervision resulting in**  
2 **multiple falls while in care.**  
3 The allegation alleges a resident experienced three (3) falls from their bed during the month of  
4 December 2025.  
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6 During the facility inspection, LPA observed staff escorting residents to meals, activities, and the  
7 restrooms. LPA observed some residents have hip protectors on. LPA observed in rooms 101, 225, and  
8 116, the beds are on the lowest setting and there are fall mats to the side of the beds.  
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11 During record review, LPA received and reviewed the Staff Schedule that indicates there are two (2)  
12 caregivers and a nurse working the NOC shift. LPA received and reviewed Staff S3-S8 training logs that  
13 indicate they have received the following training on Relias within the last year, Silverado Fall  
14 Management for Residents with Dementia, Slip, Trip, and Fall Prevention, and Minimizing Slips, Trips,  
15 and Falls. LPA received and reviewed in-service logs that indicate staff received training regarding Hip  
16 Saver, Fall/Injury Management, Prevention, and Precautions.  
17 LPA received and reviewed Incident Forms dated 12/02/2025 and 12/21/2025, that indicated Resident  
18 R1 was observed on the floor. The reports state there were "no signs of injury" and R1 was "unable to  
19 verbalize what occurred." One report stated R1 was assisted back to bed and "magnet bed alarm was  
20 placed." Additionally, LPA received and reviewed R1's Nursing Admission Evaluation Results and  
21 Service Plan, dated 11/10/2025, that indicates R1 has a history of falls, but not within three (3) months  
22 of the assessment. LPA observed R1 uses ambulatory aids such as a walker or cane, and "may require  
23 hands on assistance by staff" when ambulating and transferring, and "cues for safety." In R1's Charting  
24 Notes, LPA observed S2 and W1 met on 12/23/2025 to discuss implementation of a second alarm in  
25 addition to the tag alarm.  
26 During interviews with Staff S1-S8, were asked if they feel there is enough staff on each shift to provide  
27 adequate supervision to prevent or minimize falls, seven (7) out of eight (8) stated yes, they feel there is  
28 enough staff to provide adequate supervision to minimize falls.  
29 During interviews with Residents R2-R6, they were asked if they feel there is enough staff to provide  
30 adequate supervision to prevent or minimize falls, five (5) out of five (5) stated yes, they believe there is  
31 enough staff to provide adequate supervision. Additionally, Residents R2-R6 were asked if the facility  
32 take precautions to minimize falls, four (4) out of five (5) stated yes, the facility takes precautions to  
minimize or prevent falls. One (1) resident stated they do not have any concerns regarding falls.

**SUPERVISORS NAME:** Eva M Alvarez  
**LICENSING EVALUATOR NAME:** Wendy Gibbs  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/05/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/05/2026

LIC9099 (FAS) - (06/04)

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**Control Number 11-AS-20260102134450**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

EL SEGUNDO ASC, 1000 CORPORATE DR #100  
MONTEREY PARK, CA 91754

**FACILITY NAME:** SILVERADO ROLLING HILLS

**FACILITY NUMBER:** 198320514

**VISIT DATE:** 02/05/2026

**NARRATIVE**

1 During interviews with Resident's Responsible Parties W1-W6, they were asked if staff provide  
2 adequate supervision to prevent or minimize falls, five (5) out of six (6) stated yes, they believe there is  
3 enough staff to provide adequate supervision to prevent or minimize falls. Additionally, six (6) out of six  
4 (6) stated the facility takes precautions to minimize or prevent falls.  
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6 During the course of the investigation, LPA was unable to find evidence to support the allegation(s).  
7 Although the allegation(s) may have happened or is valid, there is no preponderance of evidence to  
8 prove the alleged violation(s) did or did not occur, therefore the allegation(s) is/are **unsubstantiated**.  
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10 LPA did not observe or cite any deficiencies during today's visit.  
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13 An exit interview was conducted with Executive Director, Christina Hale, and a copy of this report was  
14 provided.  
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**SUPERVISORS NAME:** Eva M Alvarez  
**LICENSING EVALUATOR NAME:** Wendy Gibbs  
**LICENSING EVALUATOR SIGNATURE:** **DATE:** 02/05/2026

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