

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198601566
Report Date: 07/03/2025
Date Signed: 07/03/2025 04:27:45 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/19/2025** and conducted by Evaluator Mario Leon

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20250519092704
---------------	---

FACILITY NAME: STUDIO ROYALE	FACILITY NUMBER: 198601566
ADMINISTRATOR: LEWIS, ERNEST D.	FACILITY TYPE: 740
ADDRESS: 3975 OVERLAND AVENUE	TELEPHONE: (310) 836-5854
CITY: CULVER CITY	STATE: CA
CAPACITY: 175	ZIP CODE: 90232
	CENSUS: 84
	DATE: 07/03/2025
	UNANNOUNCED TIME BEGAN: 09:09 AM
MET WITH: Tamera Gant, Health and Wellness Director	TIME COMPLETED: 04:55 PM

ALLEGATION(S):

1	Staff did not dispense medication to resident as prescribed.
2	Staff did not assist residents with care needs in a timely manner.
3	Staff interfered with resident's visits.
4	Staff did not provide requested records to resident's representative in a timely manner.
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 07/03/25 Licensing Program Analyst (LPA) Mario Leon conducted a subsequent, unannounced,
2	complaint visit at the facility. LPA was met by staff four Tamera Gant, Health and Wellness Director (S4)
3	and the purpose of the visit was explained.
4	The investigation consisted of the following:
5	On 05/28/25 LPA requested facility documents, including resident and staff roster (dated 05/14/25), three
6	(3) resident records (R1, R11 and R12. Dated 03/01/25 – 05/28/25) and toured the facility. LPA
7	interviewed six (6) out of ninety-two (92) residents (R2-R7) and five (5) out of two-hundred and eighty-
8	three (283) staff. R1 was not available for interview, as R1 has relocated away from the facility. On
9	07/03/25 LPA reviewed facility and resident documents and toured the facility. LPA interviewed three (3)
10	out of ninety-two (92) residents (R8-R10) and four (4) out of two-hundred and eighty-three (283) staff.
11	
12	Report continues, see LIC9099-C.
13	

Unsubstantiated

Estimated Days of Completion: 90

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel
NAME OF LICENSING PROGRAM ANALYST: Mario Leon
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/03/2025

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 3

Control Number 11-AS-20250519092704

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: STUDIO ROYALE

FACILITY NUMBER: 198601566

VISIT DATE: 07/03/2025

NARRATIVE

1 The investigation revealed the following:
2 Regarding the allegation "Staff did not dispense medication to resident as prescribed.", it is being
3 alleged that residents' medication has not been provided under Dr.'s orders. Record reviews have
4 revealed the following: Medications ordered for R1, R11 and R12 match the medication administration
5 records that have been completed by medication management staff, which also match the medications
6 ordered by R1, R11 and R12's physicians'. Interviews revealed the following: Seven (7) out of nine (9)
7 residents (R2-R8) and all seven (7) staff (S1-S7) have disagreed the allegation has taken place. Based
8 on record reviews and interviews conducted, the preponderance of evidence standard has not been
9 met. Although the allegation may have happened or is valid, there is not a preponderance of evidence to
10 prove that the alleged violation occurred. Therefore, the above allegation has been Unsubstantiated.
11 Regarding the allegation "Staff did not assist residents with care needs in a timely manner.", it is being
12 alleged that staff do not provide care, as needed, to residents in care. LPA's observations revealed the
13 following: On 05/28/25, during LPA's interviews with staff four (S4), in the medication room, LPA
14 observed an emergency call from a resident's room. LPA then heard a two-way radio for staff to
15 investigate the same resident. Approximately four-minutes and thirty-two seconds (4:32) later, the call
16 light had been switched off and staff have confirmed to have provided service to the same concerned
17 resident. Interviews revealed the following: Seven (7) out of nine (9) residents (R2-R8) and all seven (7)
18 staff (S1-S7) have disagreed the allegation has taken place. Based on record reviews and interviews
19 conducted, the preponderance of evidence standard has not been met. Although the allegation may
20 have happened or is valid, there is not a preponderance of evidence to prove that the alleged violation
21 occurred. Therefore, the above allegation has been Unsubstantiated.
22 Regarding the allegation "Staff interfered with resident's visits.", it is being alleged that staff required a
23 resident's visitor to leave the premises. LPA's observations revealed the following: On 07/03/25 LPA
24 observed a sign outside the facility, noted as follows: "Visiting hours: 08:00AM – 08:00PM. . Record
25 reviews have revealed the following: R1's admissions agreement (dated: 07/31/23) have noted, on page
26 thirty-one (31) out of sixty-five (65), "Guest / Visitor Log Visits and Visting Hours. Visitors are welcome in
27 the community. Visitor hours are 7AM to 9PM. We ask that visitors become familiar with the signing the
28 Guest Log upon their arrival and with signing out upon leaving the community. This register helps
29 ensure the safety of our residents and keeps management and staff aware of who is in the building in
30 case of an emergency or natural disaster. Visitors must abide by the Community's rules and be
31 respectful of residents and staff. All children must be properly supervised at all times."
32 Report continues, see LIC9099-C.

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel
NAME OF LICENSING PROGRAM ANALYST: Mario Leon
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/03/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 11-AS-20250519092704

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** STUDIO ROYALE**FACILITY NUMBER:** 198601566**VISIT DATE:** 07/03/2025**NARRATIVE**

1 Interviews revealed the following: All nine (9) residents (R2-R10) and all seven (7) staff (S1-S7) have
2 disagreed the allegation has taken place. Based on LPA's observations, record reviews and interviews
3 conducted, the preponderance of evidence standard has not been met. Although the allegation may
4 have happened or is valid, there is not a preponderance of evidence to prove that the alleged violation
5 occurred. Therefore, the above allegation has been Unsubstantiated.

6 Regarding the allegation "Staff did not provide requested records to resident's representative in a timely
7 manner.", it is being alleged that staff have not provided copies of a resident's record(s) to the
8 responsible party(ies) of a resident. Record reviews have revealed the following: a resident's General
9 Durable Power of Attorney, listed under section 1.01, initial agent is listed as "Agent John Doe"; yet
10 under section 1.02, listed as "If "John Doe" fails to serve, I appoint "Jane Doe" to serve as successor
11 Agent.". However under section 1.04 Prior of Joint Agent Unable to Act "A successor Agent or an Agent
12 serving jointly with another Agent may establish that the acting Agent or joint Agent is no longer able to
13 serve as Agent by signing an affidavit that states that the Agent is not available or is incapable of acting.
14 The affidavit must be supported by a death certificate of the Agent, a certificate showing that a guardian
15 or conservator has been appointed for the Agent, or a letter from the Agent stating his or her
16 unwillingness to act or delegating his or her power to the successor Agent." all of which has never been
17 provided to the facility or to Community Care Licensing Division. Interviews revealed the following: All
18 nine (9) residents (R2-R10) and all seven (7) staff (S1-S7) have disagreed the allegation has taken
19 place. Based on LPA's observations, record reviews and interviews conducted, the preponderance of
20 evidence standard has not been met. Although the allegation may have happened or is valid, there is
21 not a preponderance of evidence to prove that the alleged violation occurred. Therefore, the above
22 allegation has been Unsubstantiated.

23

24 There have been zero (0) deficiencies cited during today's visit.

25

26 An exit interview was held with staff four, Tamera Gant Health and Wellness Director (S4) and a copy of
27 this report has been provided.

28

29

30

31

32

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel**NAME OF LICENSING PROGRAM ANALYST:** Mario Leon**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 07/03/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/03/2025