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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198601566
Report Date: 06/26/2026
Date Signed: 06/26/2026 02:32:30 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 **06/18/2026** and conducted by Evaluator Lizeth Villegas

	COMPLAINT CONTROL NUMBER: 11-AS-20260618150444

FACILITY NAME:	SAVANT OF CULVER CITY			**FACILITY NUMBER:**	198601566
ADMINISTRATOR:	LEWIS,ERNEST D.			**FACILITY TYPE:**	740
ADDRESS:	3975 OVERLAND AVENUE			**TELEPHONE:**	(310) 836-5854
CITY:	CULVER CITY	**STATE:** CA		**ZIP CODE:**	90232
CAPACITY:	175	**CENSUS:** 92		**DATE:**	06/26/2026
		UNANNOUNCED		**TIME BEGAN:**	09:38 AM
MET WITH:	Executive Director Silvia Valdez			**TIME COMPLETED:**	02:42 PM

ALLEGATION(S):

1	Staff do not ensure resident's dietary needs are met.
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INVESTIGATION FINDINGS:

1	On 06/26/26 at 9:30 am Licensing Program Analyst (LPA) Villegas conducted an initial complaint visit
2	regarding the allegation(s) above. LPA met with Executive Director Silvia Valdez as the purpose of
3	today's visit was explained. LPA was later joined by Regional Resident Services Director Abbygaile
4	Macaso
5	
6	The investigation consisted of the following: On 06/26/26 LPA Villegas obtained copies of the staff and
7	resident roster, facility menu for June 2026, and copies of the following documents for Resident #1 (R1)
8	Emergency ID form, preplacement appraisal dated: 01/15/2026, Physicians report dated:01/16/26,
9	Resident dietary preference/order form, Admission orders. On 06/26/26 from 10:00 am- 11:30 am LPA
10	conducted Interviews with residents #1- 8 (R1-R8), on 06/26/26 at 11:30 am LPA conducted a tour of
11	facility kitchen and observed the lunch service. On 06/26/26 from 12pm- 1pm LPA conducted interviews
12	with staff #1-5 (S1-S5). On 06/26/26 LPA conducted a review of resident #1's file.
13	
	The investigation revealed the following:

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Lizeth Villegas
LICENSING EVALUATOR SIGNATURE:
DATE: 06/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/26/2026

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

Control Number 11-AS-20260618150444

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: SAVANT OF CULVER CITY **FACILITY NUMBER:** 198601566
VISIT DATE: 06/26/2026

NARRATIVE

Allegation: Staff do not ensure resident's dietary needs are met.
It is alleged that resident in care is being provided meals that contain ingredient that resident is allergic to.
On 06/26/26 from 10:00 am- 11:30 am LPA conducted Interviews with R1-R8 regarding the allegation above. 1 of the 8 residents interviewed confirmed the allegation above and stated that the kitchen staff is offering resident a soup that contains an ingredient resident is allergic to. Per 1 of the the 8 residents interviewed resident will go out into the community to purchase food when resident is aware that soup is listed on the menu for the day. 7 of 8 denied the allegation above and report they have not been sick due to the meals provided by the facility. 8 of 8 residents interviewed reported that there is an alternative menu available they can order from if they do not wish to eat the items on the menu for the day. On 06/26/26 at 11:30 am LPA conducted a tour of facility kitchen and observed the lunch service. LPA observed a big white board in the kitchen that consist of the residents names, pictures, room number, and their dietary restrictions, allergies, and the special diet that they have. During lunch service, LPA observed (2) servers each pushing a cart with lunch plates and beverages. LPA observed that some meals were cut into small pieces to accommodate the resident(s), and LPA observed alternative options being provided when requested. On 06/26/26 LPA observed that the menus for the day as well as the alternative menu was posted by the reception desk. On 06/26/26 from 12pm- 1pm LPA conducted interviews with S1-S5 regarding the allegation above. 5 of 5 staff interviewed denied the allegation above and reported there is a board on the kitchen wall that has the pictures, names, room numbers, and dietary needs of the residents. 5 of 5 staff interviewed reported they have not observed any issues with the food being served to residents in care. Additionally, 1 of 5 staff interviewed reported that kitchen staff will speak to residents about their concerns regarding food allergies and food preparation. On 06/26/26 LPA was informed by kitchen staff that soup stocks/broths are made separately for residents that have an allergy to any ingredient typically used in soup stocks/broths. On 06/26/26 LPA conducted a review of R1's file. LPA observed that R1's preplacement appraisal dated: 01/15/2026, R1's Physicians report dated:01/16/26, and R1's Resident dietary preference/order form dated: 0116/26 all state that R1 does have a food allergy.

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.

Exit interview provided, and a copy of this report was provided.

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Lizeth Villegas
LICENSING EVALUATOR SIGNATURE:
DATE: 06/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/26/2026