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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198601962
Report Date: 05/12/2026
Date Signed: 05/12/2026 12:46:51 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/08/2026** and conducted by Evaluator Daniel Konishi

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260508082638

FACILITY NAME:	SOUTHLAND LIVING			**FACILITY NUMBER:**	198601962
ADMINISTRATOR:	TRAN, VICTORIA			**FACILITY TYPE:**	740
ADDRESS:	11701 STUDEBAKER ROAD			**TELEPHONE:**	(562) 406-7326
CITY:	NORWALK	**STATE:** CA		**ZIP CODE:**	90650
CAPACITY:	75	**CENSUS:** 58		**DATE:**	05/12/2026
		UNANNOUNCED		**TIME BEGAN:**	09:30 AM
MET WITH:	Victoria Tran, Administrator			**TIME COMPLETED:**	12:50 PM

ALLEGATION(S):

1	Staff do not ensure facility is free from pests
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Daniel Konishi conducted a initial unannounced complaint investigation
2	visit regarding above allegation. LPA met with the Administrator, Victoria Tran and LPA explained the
3	reason for the visit.
4	
5	The investigation consisted of the following: LPA obtained copies of the following documents: Staff roster,
6	client roster, and Orkin invoices. LPA toured the facility and conducted random rooms checks. LPA
7	interviewed the Administrator, Resident #2 (R2) to Residents #9 (R9), Staff #1 (S1) to Staff #5 (S5) and
8	Witness #1 (W1). LPA did not interview Resident #1 (R1) since it is confirmed per Administrator that R1 is
9	currently a resident at the skilled nursing side of the facility.
10	
11	The investigation revealed the following: In regard to the allegation “Staff do not ensure facility is free
12	from pests.” It is alleged that there is a rodent infestation in R1’s bedroom. Per interview with the
13	Administrator, it is confirmed that R1 lives in the skilled nursing side of the facility. [Continue to LIC9099-C]

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Daniel Konishi
LICENSING EVALUATOR SIGNATURE:
DATE: 05/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/12/2026

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

Control Number 28-AS-20260508082638

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SOUTHLAND LIVING **FACILITY NUMBER:** 198601962
VISIT DATE: 05/12/2026

NARRATIVE

LPA continued with the pest infestation allegation in the assisted living side of the facility. LPA interviewed six (6) out of eight (8) residents that denied the allegation stating not seeing rodents and rodent droppings in their bedroom, dining room, and common areas. LPA interviewed one (1) out of eight (8) residents corroborated with the allegation stating hearing but not seeing rodents and that the staff and Orkin technician went in the resident's bedroom right away to observe and set traps and the staff and Orkin technician did not observe any rodents or rodent droppings. LPA interviewed a second resident that corroborated with the allegation stating witnessing a rodent in the hallway once that occurred last night but the resident did not report this to the staff. Per Administrator, the Orkin technician conducted a site visit today to inspect and set rodent traps and the Orkin technician observed no rodents on the property. LPA interviewed the Administrator, and staff five (5) out of five (5) staff that denied the allegation stating that they have not seen rodents or any droppings on the property. Administrator stated that facility gets treated by Orkin twice a month. LPA interviewed the W1 who stated that they conduct pest control services at the facility twice a month and W1 haven't witnessed any rodents and rodent droppings during today or prior site visits. LPA toured the facility common areas, hallways, main kitchen, assisted living facility kitchen, dining hall, laundry room, activity room, outdoor courtyard area, and ten random bedroom and observed no rodents nor rodent droppings. LPA obtained Orkin invoices from the February 2026, March 2026, April 2026, and recent service in May 2026. Facility is actively taking pre-cautions by having pest control come to the facility twice a month. Therefore, there is not enough evidence to substantiate.

Based on statements and interviews conducted with staff, residents, review of resident files and facility file records, there was not enough supportive evidence to concur with the reported allegations. Although the allegations may have happened or is valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegation is UNSUBSTANTIATED.

An exit interview was held and a copy of this report was provided to the Administrator, Victoria Tran.

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Daniel Konishi
LICENSING EVALUATOR SIGNATURE:
DATE: 05/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/12/2026