

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198602039

Report Date: 12/22/2025

Date Signed: 12/22/2025 10:16:30 AM

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 **08/25/2025** and conducted by Evaluator Lizeth Villegas

	COMPLAINT CONTROL NUMBER: 11-AS-20250825155922
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FACILITY NAME: REGENT VILLA RETIREMENT HOME	FACILITY NUMBER: 198602039
ADMINISTRATOR: GORDON, JENNI	FACILITY TYPE: 740
ADDRESS: 201 W WARDLOW RD	TELEPHONE: (562) 595-6529
CITY: LONG BEACH	ZIP CODE: 90807
CAPACITY: 188	DATE: 12/22/2025
	UNANNOUNCED TIME BEGAN: 09:44 AM
MET WITH: Assistant Administrator Karina Salomon	TIME COMPLETED: 10:30 AM

ALLEGATION(S):

1	Staff did not prevent resident from punching another resident in care resulting in injuries.
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INVESTIGATION FINDINGS:

1	On 12/22/25, The Department conducted a subsequent complaint visit to deliver findings. The
2	Department met with Assistant Administrator as the reason for the visit was explained.
3	
4	The investigation consisted of the following:
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6	On 08/26/25, The Department requested a copies of the following documents: staff roster (dated 8/17/25
7), resident roster (dated 8/23/25), and the following documents for residents #1-2 (R1-R2): R1 Resident
8	Pre-placement Appraisals (dated 12/13/23,) R2 pre-placement appraisal (dated 3/2/23 R1's Incident
9	reports (dated 8/25/25), R1 Physician's Report (dated 11/8/24), R2's Physician's Report (dated 12/10/24),
10	R1's Admission Agreement (dated 12/13/23) and R2's admission agreement (dated 3/2/23). On 09/03/25
11	The Department conducted a subsequent visit and conducted interviews with S1 and Resident #3 (R3).
12	On 09/03/25 The Department also obtained copies of the following for R1 and R2: Identification and
13	emergency information, physicians orders and medication logs for July and August 2025.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Lizeth Villegas
LICENSING EVALUATOR SIGNATURE:

DATE: 12/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/22/2025

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 2

Control Number 11-AS-20250825155922

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: REGENT VILLA RETIREMENT HOME

FACILITY NUMBER: 198602039

VISIT DATE: 12/22/2025

NARRATIVE

1 On 09/12/25 The Department attempted to conduct an interview with R1, but were
2 unsuccessful due to communication barriers. On 09/23/25 The Department
3 conducted interview with witness #1 (W1), and on 10/02/25 The Department
4 conducted interview with staff #2 (S2).
5
6
7 The investigation revealed the following:
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9 Allegation: Staff did not prevent resident from punching another resident in care
10 resulting in injuries
11
12 It is being alleged that a resident in care obtained an injury after being punched in
13 the face by another resident. On 09/03/25 The Department conducted interview with
14 S1 regarding the allegation above. S1 confirmed the allegation above, however S1
15 indicated that R1 and R2 had no prior disagreements leading to the incident. S1 also
16 reported that R2 had no prior history of aggressive behaviors. 09/03/25 The
17 Department conducted interview with R3 regarding the allegation above. R3
18 confirmed the allegation above, however, R3 report that facility staff arrived quickly
19 to assist. On 09/12/25 The Department attempted to conduct an interview with R1
20 but were unsuccessful due to communication barriers. On 09/23/25 The Department
21 conducted interview with witness #1 (W1) regarding the allegation above. W1
22 reported being aware of the incident between R1 and R2 and stated R2 has no
23 history of aggression. On 10/02/25 The Department conducted interview with S2
24 regarding the allegation above. Per S2, S2 arrived at the dining room when the
25 altercation ended. Additionally, S2 reports there were staff members present and had
26 already intervened by the time S2 arrived. On 12/16/25 The Department conducted
27 a review of R1 and R2 physician reports dated: 11/08/24 and 03/26/25, and R1 and
28 R2 needs and individual service plans both date 2/21/25. Upon review it was
29 observed that neither resident has a documented history of aggressive behaviors or
30 altercations with residents nor staff.
31
32 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 conducted, and a copy of this report was provided to the Assistant
Administrator.

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Lizeth Villegas
LICENSING EVALUATOR SIGNATURE:

DATE: 12/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 12/22/2025