

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198602099
Report Date: 06/11/2026
Date Signed: 06/16/2026 08:09:47 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 **06/05/2026** and conducted by Evaluator Ernand Dabuet

PUBLIC		COMPLAINT CONTROL NUMBER: 11-AS-20260605131316	
FACILITY NAME: CORAL OAKS CARE LIVING		FACILITY NUMBER:	198602099
ADMINISTRATOR: ELEANOR BARRIENTOS		FACILITY TYPE:	740
ADDRESS: 4271 CARLIN AVE		TELEPHONE:	(310) 763-4881
CITY: LYNWOOD	STATE: CA	ZIP CODE:	90262
CAPACITY: 84	CENSUS: 69	DATE:	06/11/2026
	UNANNOUNCED	TIME BEGAN:	09:07 AM
MET WITH: Ellen Barrientos		TIME COMPLETED:	12:59 PM

ALLEGATION(S):

1	Staff did not safeguard resident's personal belongings.
2	Staff are not meeting residents needs.
3	Staff are not providing a comfortable environment for resident.
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INVESTIGATION FINDINGS:

1	On June 11, 2026, the California Department of Social Services/Community Care Licensing (CDSS/CCL)
2	Licensing Program Analyst (LPA), Ernand Dabuet, conducted an initial unannounced complaint visit.
3	Ellen Barrientos, Executive Director, greeted the LPA. (LPA) explained that the purpose of the visit is to
4	investigate the allegations mentioned above.
5	
6	The investigation and a collection of documents and tour of the facility. A review of Personnel Report LIC
7	500 (dated 04/14/26), Resident Roster (dated 06/08/26), Resident #1 (R1's) Admission Agreement,
8	Centrally Stored Medication and Destruction Record (dated 06/01/26), Medical Assessment for
9	Residential Care Facilities LIC 602A (dated 05/01/26), Preplacement Appraisal Information LIC 603
10	(dated 05/04/26), Resident Appraisal LIC 603A (dated 05/08/26), and other pertinent records associated
11	with this complaint. Interviews conducted with Resident #1-#6 (R1-R6), Staff #1-#3 (S1-S4) and Witness
12	#1 (W1).
13	(Evaluation Report continues LIC 9099-C)

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE:

DATE: 06/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/11/2026

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-20260605131316

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE
340
EL SEGUNDO, CA 90245

FACILITY NAME: CORAL OAKS CARE LIVING

FACILITY NUMBER: 198602099

VISIT DATE: 06/11/2026

NARRATIVE

1 **INVESTIGATION REVEALED THE FOLLOWING:**

2
3 Allegation #1: Staff did not safeguard resident's personal belongings.

4
5 It is alleged that the staff did not protect Resident #1's (R1) personal belongings. It is reported that
6 (R1's) blanket was stolen and that refreshment sodas went missing from (R1's) refrigerator. No
7 additional details regarding this matter are provided.

8
9 On June 08, 2026, between 02:00 PM and 03:15 PM, the Department interviewed resident members
10 identified as Resident #1 through Resident #6 (R1-R6). Five (5) out of the six (6) residents could not
11 support this claim. (R2 to R6) reported that during their entire stay in the care facility, they have never
12 encountered any instances of their personal belongings being lost or stolen. They expressed a sense of
13 security and trust in the care environment, stressing the effective measures in place to safeguard their
14 possessions. (R2 to R6) stressed that safeguarding your personal items is the responsibility of the
15 resident.

16
17 (R1) reported missing a blanket and some refrigerated items. While unsure if they were stolen, (R1)
18 believes someone is entering the room and taking sodas. (R1) could not provide specific names, dates,
19 times, or witnesses related to the incidents. However, (R1) mentioned that missing items sometimes
20 reappear.

21
22 On June 08, 2026, between 01:45 PM and 03:30 PM, the Department interviewed staff members
23 identified as Staff #1 through Staff #4 (S1-S4). Four (4) out of (4) four staff members reported they could
24 not support this claim. (S1) reported that (R1) was admitted to the facility on May 1, 2026, and is
25 currently in the transitional period. (S1) claimed that when (R1) moved in, the individual responsible for
26 (R1) assisted with arranging (R1's) and personal belongings in the room. The facility conducted an
27 inventory of (R1's) items using the Resident Personal Property and Valuables LIC 621 form, which listed
28 all (R1's) items; however, no blanket was included in this inventory.

29
30 Additionally, we have the facility's documentation from the Resident Belonging Pick Up/Drop Off form,
31 which lists (R1's) food supply items, including (16) cans of soda, signed by (R1). (S1 to S3) also
32 mentioned that the facility offers residents the option to store some valuable items in the office for
safekeeping or an available use of pad lock for their drawers to ensure security.

(Evaluation Report continues LIC 9099-C)

SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE:

DATE: 06/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/11/2026

Control Number 11-AS-20260605131316

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**COMPLAINT INVESTIGATION REPORT
(Cont)**CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE
340
EL SEGUNDO, CA 90245

FACILITY NAME: CORAL OAKS CARE LIVING

FACILITY NUMBER: 198602099

VISIT DATE: 06/11/2026

NARRATIVE

1 On June 11, 2026, between 08:43 AM and 09:01 AM, the Department interviewed witness member
2 identified as responsible party Witness #1 (W1). (W1) confirmed that (R1) is still in the transition period
3 between facilities. (W1) noted that (R1) has a history of misplacing items, which often reappear later.
4 (W1) also mentioned that (R1) did not bring a blanket when moving into the facility and that some items
5 (R1) claims are missing are being held for safekeeping by (W1). (W1) claimed that there is no
6 wrongdoing going on at this facility.
7
8 The Department reviewed Resident (R1's) Personal Property and Valuables LIC 621 (dated 05/01/26)
9 and the Resident Belongings Pick Up/Drop Off form (dated 05/23/26). The verified listings revealed that
10 no blanket was listed, and that refreshments, specifically sodas, were received by (R1).
11
12 Based on the information gathered, there is not enough evidence to support the allegation mentioned
13 above.
14
15 Allegation #2: Staff are not meeting resident's needs.
16
17 It is alleged that the staff did not meet Resident #1 (R1's) needs. It is reported that there are too many
18 residents and not enough staff to assist (R1) and that staffing is inadequate. No additional details
19 regarding this matter are provided.
20
21 On June 08, 2026, between 02:00 PM and 03:15 PM, the Department interviewed resident members
22 identified as Resident #1 through Resident #6 (R1-R6). Six (6) out of the six (6) residents could not
23 validate this claim. (R1 to R6) reported to have no issues or concerns about staffing and stated their
24 needs are being met effectively.
25
26 (R1) expressed satisfaction with the staff's services and affirmed that (R1's) needs are being met
27 promptly and effectively.
28
29 On June 08, 2026, between 01:45 PM and 03:30 PM, the Department interviewed staff members
30 identified as Staff #1 through Staff #4 (S1-S4). Four (4) out of (4) four staff members reported they could
31 not validate this claim. (S1) reported there have been no concerns about inadequate staffing. All staff
32 members confirmed that the first shift includes three caregivers, one LVN, and one medication
technician. The second shift also consists of three caregivers, one LVN, and one medication technician.
For the third shift, two caregivers are cross-trained as medication technicians.

(Evaluation Report continues LIC 9099-C)

SUPERVISORS NAME: Janae Hammond

LICENSING EVALUATOR NAME: Ernand Dabuet

LICENSING EVALUATOR SIGNATURE:

DATE: 06/11/2026

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received.

FACILITY REPRESENTATIVE SIGNATURE:

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FACILITY NAME: CORAL OAKS CARE LIVING

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VISIT DATE: 06/11/2026

NARRATIVE

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On June 11, 2026, between 08:43 AM and 09:01 AM, the Department interviewed witness member identified as responsible party Witness #1 (W1). (W1) expressed to have no concerns with the staffing at this facility and indicated that (R1's) needs are being serviced appropriately.

The Department reviewed the facility's Personnel Report LIC 500 (dated 04/14/26) and confirmed the staffing numbers for each shift.

Based on the information gathered, there is not enough evidence to support the allegation mentioned above.

Allegation #3: Staff are not providing a comfortable environment for resident.

It is alleged that the staff is not providing a comfortable environment for Resident #1 (R1). It is reported that (R1) while being transported to and from medical services, the transportation staff smoked inside the van and made it an uncomfortable environment for (R1). No additional details regarding this matter are provided.

On June 08, 2026, between 02:00 PM and 03:15 PM, the Department interviewed resident members identified as Resident #1 through Resident #6 (R1-R6). Six (6) out of the six (6) residents could not validate this claim. (R1 to R6) reported having no issues or concerns with the transportation provided by the facility and stated the comfortable accommodations.

(R1) indicated that an external vendor provides the transportation service through (R1's) medical insurance and is not affiliated with the facility or its staff.

On June 08, 2026, between 01:45 PM and 03:30 PM, the Department interviewed staff members identified as Staff #1. (S1) verified the transportation for (R1's) medical services is provided by a private company unaffiliated with the facility. Medical insurance covers this company, and the facility does not control its staffing or operations.

On June 11, 2026, between 08:43 AM and 09:01 AM, the Department interviewed witness member identified as responsible party Witness #1 (W1). (W1) confirmed that (R1's) medical insurance covers transportation services, and (W1) is responsible for coordinating (R1's) medical appointments and transportation.

(Evaluation Report continues LIC 9099-C)

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LICENSING EVALUATOR NAME: Ernand Dabuet

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NARRATIVE

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The Department reviewed the following records: Medical Assessment for Residential Care Facilities for the Elderly LIC 602A (dated 05/01/26), Preplacement Appraisal Information LIC 603 (dated 05/04/26), Resident Appraisal LIC 603A (dated 05/08/26), Centrally Stored Medication and Destruction Record (dated 06/01/26), Identification and Emergency Information LIC 601 (dated 05/01/26), Functional Capability Assessment LIC 9172 (dated 05/04/26), Move In Record (dated 06/05/26). Further review of the Admission Agreement and Contract (dated 05/04/26) verified under "Optional Services", transportation was not checked off to indicate that (R1) is utilizing this service.

Based on the information collected from the facility inspection, observations, interviews, and records analysis, the Department found no evidence to support the above allegations. The allegations may have happened or are valid, but there is not a preponderance of the evidence to prove that the alleged violations occurred. Therefore, the allegations are **Unsubstantiated**.

13	No deficiencies were cited.
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15	An exit interview was conducted with ELLEN BARRIENTOS, and copies of the reports were provided.
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LICENSING EVALUATOR NAME: Ernand Dabuet	
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