

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198602567
Report Date: 08/28/2026
Date Signed: 08/28/2026 03:28:58 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 08/23/2026 and conducted by Evaluator Lizeth Villegas

	COMPLAINT CONTROL NUMBER: 11-AS-20260823102415
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FACILITY NAME:	REGENCY PALMS LONG BEACH	FACILITY NUMBER:	198602567
ADMINISTRATOR:	ROBERT JAKINI	FACILITY TYPE:	740
ADDRESS:	117 E 8TH STREET	TELEPHONE:	(562) 432-9260
CITY:	LONG BEACH	ZIP CODE:	90813
CAPACITY:	91	DATE:	08/28/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:02 AM
	CENSUS: 68	TIME	03:34 PM
MET WITH:	Executive Director Robert Jakini	COMPLETED:	

ALLEGATION(S):

1	Staff do not ensure a resident is provided a safe and comfortable environment.
2	Staff mismanage residents medication.
3	Staff do not prevent resident from yelling at another resident.
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INVESTIGATION FINDINGS:

1	On 08/28/26 at 9:00 am Licensing Program Analyst (LPA) Villegas conducted an initial complaint visit
2	regarding the allegation(s) above. LPA met with Executive Director Robert Jakini (staff #1/S1) as the
3	purpose of today's visit was explained.
4	
5	The investigation consisted of the following: On 08/28/26 LPA Villegas obtained copies of the staff and
6	resident roster, house rules, and copies of the following documents for Resident #1 (R1) Emergency ID
7	form, Assessment dated: 06/24/26, Physicians report dated: 04/28/26, Service plan dated: 08/2026,
8	medication list, medication administration records (MAR) for July 2026-August 2026, controlled drug
9	record, and facility notes from May 2026-August 2026. On 08/28/26 from 10:00 am- 11:20 am LPA
10	conducted Interviews with Resident # 1-7 (R1-R7), LPA attempted to interview R2 but could not due to
11	communication barriers. LPA conducted interviews with Staff #1-5 (S1-S5) from 1pm- 2pm. LPA
12	conducted a tour of R1's bedroom, and conducted a review of MARs.
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Janae Hammond	
LICENSING EVALUATOR NAME: Lizeth Villegas	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/28/2026

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-20260823102415

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: REGENCY PALMS LONG BEACH	FACILITY NUMBER: 198602567
	VISIT DATE: 08/28/2026

NARRATIVE	
1	The investigation revealed the following:
2	
3	Allegation: Staff do not ensure a resident is provided a safe and comfortable environment.
4	
5	it is alleged that a resident in care is being offered to move a to a room that has insufficient space to
6	accommodate (2) residents, the resident's belongings, and mobility needs. On 08/28/26 from 10:00 am-
7	11:20 am LPA conducted Interviews with R1-R7 regarding the allegation above. 5 of the 7 residents
8	interviewed denied the allegation above and reported that they have enough space for their belongings
9	and enough space to move easily throughout the bedroom. 1 of the 7 residents confirmed the allegation
10	above and reported that they do not have enough space for their belongings nor mobility needs in the
11	proposed bedroom. However, 1 of 7 residents interviewed stated that in their current bedroom they have
12	enough space. 1 of the 7 residents could not be interviewed due to communication barriers. LPA
13	conducted interviews with S1-S5 regarding the allegation above. 5 of the 5 staff interviewed denied the
14	allegation above and reported that shared bedrooms are large enough to accommodate (2) residents.
15	Per staff, residents in shared rooms each have a closet and a dresser, and rooms are large enough to
16	accommodate residents who have walkers, and/or wheelchairs. Additionally, 2 of 5 staff interviewed
17	stated that if a resident is on a program that assist with rent, then resident is automatically placed in a
18	shared room as programs do not pay for private bedrooms. On 08/28/26 LPA conducted tour of shared
19	bedroom and observed that shared bedroom to have to closets, 2 night stands, a dresser, and
20	bedrooms were observed to have wider hallways, and doors to accommodate mobility needs.
21	
22	Allegation: Staff mismanage residents medication.
23	
24	It is alleged that resident in care is not receiving Narcotic PRN when requested. On 08/28/26 from 10:00
25	am- 11:20 am LPA conducted Interviews with R1-R7 regarding the allegation above. 5 of the 7 residents
26	interviewed denied the allegation above and reported they are receiving their medications. Additionally,
27	5 of 7 residents reported that they do not have any concerns about how their medications are handled. 1
28	of the 7 residents confirmed the allegation above and reported that when narcotic PRN is requested,
29	staff is not providing it. 1 of the 7 residents could not be interviewed due to communication barriers. LPA
30	conducted interviews with S1-S5 regarding the allegation above. 3 of the 5 staff interviewed denied the
31	allegation above, and reported that all medications and PRNs are being administered per Doctors
32	orders. 2 of the 5 staff interviewed did not have knowledge of the allegation as they do not assist with
	medication

SUPERVISORS NAME: Janae Hammond	
LICENSING EVALUATOR NAME: Lizeth Villegas	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/28/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/28/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 11-AS-20260823102415

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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COMPLAINT INVESTIGATION REPORT
(Cont)

EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE
340
EL SEGUNDO, CA 90245

FACILITY NAME: REGENCY PALMS LONG BEACH

FACILITY NUMBER: 198602567

VISIT DATE: 08/28/2026

NARRATIVE

1 administration. On 08/28/26 LPA conducted a review of MAR for July 2026-August 2026, and controlled
2 drug record. Upon review, it was observed that resident in care is receiving narcotic PRN daily.
3
4 Allegation: Staff do not prevent resident from yelling at another resident.
5
6 It is alleged that a resident in care has significant stress due to another residents ongoing yelling
7 behavior. On 08/28/26 from 10:00 am- 11:20 am LPA conducted Interviews with R1-R7 regarding the
8 allegation above. 4 of the 7 residents interviewed denied the allegation above and reported not having
9 any issues with other residents in care. 1 of 7 residents reported having a discussion with another
10 resident and that staff had to remind the other resident to be respectful. 1 of the 7 residents confirmed
11 the allegation above and reported that staff has been made aware of the stress caused by another
12 resident but staff have not done anything about it as staff favors the other resident in care. 1 of the 7
13 residents could not be interviewed due to communication barriers. LPA conducted interviews with S1-S5
14 regarding the allegation above. 5 of the 5 staff interviewed denied the allegation above and reported that
15 residents are separated, spoken to, and reminded of the house rules when residents are observed in a
16 confrontation. LPA reviewed house rules, per house rule bullet point #7, residents are to be thoughtful
17 and considerate of others in the Community with appropriate language, comments, or remarks. Please
18 refrain from any aggressive or disrespectful communication or behaviors.
19
20 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
21 prove the alleged violation(s) did or did not occur, therefore the allegation is unsubstantiated.
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23 Exit interview conducted, and a copy of this report was provided.
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SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Lizeth Villegas
LICENSING EVALUATOR SIGNATURE:

DATE: 08/28/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2026