

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603118
Report Date: 09/04/2025
Date Signed: 09/04/2025 05:33:49 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/26/2025** and conducted by Evaluator Wendy Gibbs

	COMPLAINT CONTROL NUMBER: 11-AS-20250826092317
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FACILITY NAME: CLEARWATER AT SOUTH BAY	FACILITY NUMBER: 198603118
ADMINISTRATOR: PAUL GOZON	FACILITY TYPE: 740
ADDRESS: 3210 & 3212 W SEPULVEDA BLVD	TELEPHONE: (424) 488-6340
CITY: TORRANCE	ZIP CODE: 90505
CAPACITY: 137	DATE: 09/04/2025
MET WITH: Paul Gozon	UNANNOUNCED TIME BEGAN: 08:45 AM
	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Staff did not ensure air conditioner was working properly
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INVESTIGATION FINDINGS:

1	On 09/04/2025, Licensing Program Analyst (LPA), Wendy Gibbs conducted an unannounced Complaint
2	Visit to the facility listed above. LPA met with Executive Director, Paul Gozon, and the purpose of today's
3	visit was explained. LPA was granted entry into the facility.
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5	The investigation consisted of the following:
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7	During today's visit LPA inspected the facility, interviewed Staff S1-S8, interviewed Residents R1-R10,
8	and received and reviewed documents pertinent to the investigation. The following documents were
9	received and reviewed Staff Roster, Resident Roster, Work Orders, and invoices for C&M Mechanical
10	dated 05/29/2025, 07/09/2025, 07/25/2025, 08/12/2025, 08/15/2025, and 08/29/2025.
11	
12	The investigation revealed the following:
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Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Wendy Gibbs
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 09/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 09/04/2025

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 3

Control Number 11-AS-20250826092317

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT (Cont)</h2>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754</p>
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FACILITY NAME: CLEARWATER AT SOUTH BAY **FACILITY NUMBER:** 198603118
VISIT DATE: 09/04/2025

NARRATIVE

1 **Allegation: Staff did not ensure air conditioner was working properly**
2 The allegation alleges the facility is not kept at a comfortable temperature and the air condition is not
3 working properly.
4 During record review, LPA received and reviewed invoices from C&M Mechanical dated 05/29/2025,
5 07/09/2025, 07/25/2025, 08/12/2025, 08/15/2025, and 08/29/2025. During the visit conducted on
6 08/29/2025 the technician inspected all rooms with temperature complaints to verify the status of fan
7 coils. The technician found no error codes on the AC units specified rooms. The technician observed
8 that the fan coils in all rooms with temperature complaints were turned off at the thermostats.
9 Additionally, the technician observed some of the rooms had open windows and blinds, contributing to
10 the heat issue. During the visit on 08/12/2025, the technician observed the fan coil seemed closed due
11 to pipe temperature not changing in rooms 207, 203, and 201. Room 101 had closed ports. The
12 technician observed a loose nut on ball valve. The technician tightened the nut and made sure the ball
13 valves were opened. On 08/05/2025, 08/08/2025, and 08/12/2025 filters were changed, and the
14 condenser coils were checked and cleaned. On 07/25/2025, the technician checked room 204 whose
15 thermostat was set to off, when turned on, the thermostat setting was on heating. It was switched to
16 cooling, then functioned properly. The technician checked Room 213 and observed the thermostat was
17 on heating. It was switched to cooling and it functioned properly. On 07/09/2025, the technician checked
18 room 213 and observed the thermostat was on heating. It was switched to cooling and it functioned
19 properly. On 05/29/2025, room 107 had an error code. The technician changed the main PCB board,
20 and the error cleared. In room 112 the motors were going bad. The technician changed the motor and
21 the main PCB board for fan coil. On 05/06/2025, the technician checked the main units on the roofs. The
22 technician observed one unit was not getting power due to the breaker not fully in the on position. The
23 technician conducted a diagnostic and did not find any additional issues.
24 During the facility tour, LPA took the temperature of all common areas and eleven resident rooms. The
25 following temperatures were recorded in the assisted living lobby the temperature measured 74.3-
26 degrees, the dining room measured 73.6-degrees, the activity room measured 72.1-degrees, the first-
27 floor hallways measured 75.3, 73.2, and 74.3-degrees, and the second-floor game room measured
28 75.6-degrees Fahrenheit. The following rooms temperature was measured in the assisted living, room
29 103 measured 75.5-degrees, room 108 measured 76.4, room 209 measured 77-degrees, room 215
30 measured 76.6-degrees, 235 measured 77.3-degrees, and room 242 measured 70.7-degrees
31 Fahrenheit. The following temperatures were measured in the Memory Care Unit, the hallway measured
32 75.2-degrees, the

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FACILITY REPRESENTATIVE SIGNATURE: _____
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Control Number 11-AS-20250826092317

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, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

FACILITY NAME: CLEARWATER AT SOUTH BAY

FACILITY NUMBER: 198603118

VISIT DATE: 09/04/2025

NARRATIVE

1 dining room measured 73.0-degrees, and the activity area measured 76.1-degrees. The following rooms
2 temperature was measured in the memory care unit, room 117 measured 76.6-degrees, and room 118
3 measured 73.7-degrees Fahrenheit. The following temperatures were measured in the Clearbrook
4 building first-floor common area measured 73.2-degrees, the second-floor common area measured
5 74.3-degrees, and the third floor measured 71.6-degrees Fahrenheit. LPA observed all resident rooms
6 have a thermostat to control the temperature in their room. LPA observed thermostats accessible in
7 common rooms.
8 During interviews with Staff S1-S8, were asked if there have been any issues with the air conditioning in
9 the building, two (2) out of eight (8) stated there was an issue with one of the units that has been
10 repaired. Additionally, during interviews with Staff S1-S3, were asked if the HVAC system is
11 maintenance, three (3) out of three (3) stated it is maintenance quarterly.
12 During interviews with residents R1-R10, were asked if the air conditioning is functioning properly in
13 their room, eight (8) out of ten (10) stated there are no issues with their air conditioning. Additionally,
14 residents R1-R10 were asked if the facility is maintained at a comfortable temperature, ten (10) out of
15 ten (10) stated the facility is kept at a comfortable temperature. Three (3) residents stated the activity
16 room can get too cold.
17 During the course of the investigation, LPA was unable to find evidence to support the allegation.
18 Although the allegation may have happened or is valid, there is no preponderance of evidence to prove
19 the alleged violation(s) did or did not occur, therefore the allegation is unsubstantiated.
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21 An exit interview was conducted with Executive Director, Paul Gozon, and a copy of this report was
22 provided.
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NAME OF LICENSING PROGRAM ANALYST: Wendy Gibbs

LICENSING PROGRAM ANALYST SIGNATURE:

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