

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603118
Report Date: 02/04/2026
Date Signed: 02/04/2026 02:52:01 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 **01/30/2026** and conducted by Evaluator Felisa Shirley

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260130134136
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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	STATE: CA
CAPACITY: 137	ZIP CODE: 90505
CENSUS: 105	DATE: 02/04/2026
UNANNOUNCED	TIME BEGAN: 09:43 AM
MET WITH: Paul Gozon, Executive Director	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Staff did not allow residents to select their hospice provider
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INVESTIGATION FINDINGS:

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2	On 2/4/26, Licensing Program Analyst (LPA) Felisa Shirley conducted an unannounced visit to this
3	facility. LPA was met by the Executive Director, Paul Gozon and explained the purpose of the visit is to
4	investigate and deliver findings for the allegations mentioned above. LPA was granted access to the
5	facility.
6	
7	The investigation consisted of the following:
8	On 2/4/26, LPA Shirley reviewed copies of the following records: Staff and Resident Roster, Hospice
9	Provider Pamphlets, List of Referrals and List of Residents using Hospice Services. LPA Felisa Shirley
10	conducted a tour of the facility. LPA Shirley interviewed Staff 1 – Staff-5 (S1 – S5), and Witness 1 –
11	Witness 4 (W1-W4).
12	
13	Con'd on 9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Felisa Shirley
LICENSING EVALUATOR SIGNATURE:

DATE: 02/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/04/2026

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-20260130134136

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: CLEARWATER AT SOUTH BAY

FACILITY NUMBER: 198603118

VISIT DATE: 02/04/2026

NARRATIVE

1 The investigation revealed the following:
2

3 Allegation: Staff did not allow residents to select their hospice provider
4

5 It is being reported that the facility is restricting the ability of residents and families to choose
6 their own hospice care. On 2/4/26, LPA Felisa Shirley requested the list of residents currently
7 using hospice providers. LPA Shirley received a list of 8 residents, 2 residing in Assisted Living
8 and 6 residing in Memory Care. During the investigation, LPA Shirley requested information
9 regarding the hospice services the company uses. LPA Shirley received information packets
10 from 11 different hospice providers. LPA Shirley observed that residents are utilizing varied
11 hospice care providers. Per interview with S-2 on 2/4/26, Clearwater provides families with
12 resources to make informed decisions about hospice care options.
13
14
15

16 LPA interviewed staff 1 – staff 5(S-1 – S-5). Of those interviewed 5 out of 5 denied the
17 allegation. LPA interviewed witness 1 – witness 4 (W1 – W4). Of those who interviewed 4 out
18 of 4 denied the allegation.
19
20

21 Based on information gathered, LPA did not find sufficient evidence to support the allegation
22 “Staff did not allow residents to select their hospice provider,” therefore, the allegation is
23 unsubstantiated.
24
25

26 No deficiencies were cited for these allegations.
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28 An exit interview was conducted and a copy of this report was provided to the Executive
29 Director, Paul Gozon.
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31
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SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Felisa Shirley
LICENSING EVALUATOR SIGNATURE:

DATE: 02/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/04/2026

LIC9099 (FAS) - (06/04)

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