

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603220

Report Date: 02/06/2026

Date Signed: 02/06/2026 09:00:35 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 **01/20/2026** and conducted by Evaluator Ernand Dabuet

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260120103235
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FACILITY NAME: CITY VIEW LA, LLC	FACILITY NUMBER: 198603220
ADMINISTRATOR: GINSBERG, MENDY	FACILITY TYPE: 740
ADDRESS: 515 N LA BREA AVE	TELEPHONE: (323) 938-2131
CITY: LOS ANGELES	ZIP CODE: 90036
CAPACITY: 166	DATE: 02/06/2026
MET WITH: Marcia McKay & Mendy Ginsberg	UNANNOUNCED TIME BEGAN: 08:07 AM
	TIME COMPLETED: 03:58 PM

ALLEGATION(S):

1	Staff caused injuries to a resident.
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INVESTIGATION FINDINGS:

1	On February 06, 2026, the California Department of Social Services/Community Care Community Care
2	Licensing (CDSS/CCL) Licensing Program Analyst (LPA) Ernand Dabuet conducted a subsequent
3	unannounced complaint visit. Mendy Gingsberg Executive Director and Marcia McKay, Wellness Director
4	greeted the (LPA). (LPA) explained the purpose of the visit is to investigate the allegation mentioned
5	above.
6	
7	The investigation included a collection of records, and an observation of the facility. The Department
8	obtained several documents, including the Personnel Report LIC 500 (dated 01/17/26), the Resident
9	Roster (dated 01/21/26), service records for Resident #1-#3 Identification and Emergency Information
10	LIC 601, Face Sheet & Emergency Info, Service Plan, Resident Appraisal LIC 603A, Medical
11	Assessment for Residential Care Facilities for the Elderly LIC 602A, Incident Report LIC 624, and other
12	pertinent records associated with this complaint.
13	(Evaluation Report continues LIC 9099-C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Janae Hammond
LICENSING EVALUATOR NAME: Ernand Dabuet
LICENSING EVALUATOR SIGNATURE:

DATE: 02/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2026

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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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: CITY VIEW LA, LLC

FACILITY NUMBER: 198603220

VISIT DATE: 02/06/2026

NARRATIVE

1 **INVESTIGATION REVEALED THE FOLLOWING:**

2
3 **Allegation: Staff caused injuries to a resident.**

4 It is alleged that staff caused injuries to Resident #1 (R1). Reports suggest that due to staff negligence,
5 the staff member caused (R1) to fall out of the wheelchair and sustained head, knee, and fracture
6 injuries. According to the report, (R1) was being pushed in a wheelchair by staff who took a fast turn,
7 causing (R1) to fall out of the wheelchair. The incident occurred at City View on January 15, 2026,
8 requiring emergency hospitalization. No additional details regarding this allegation have been provided.
9

10 On February 06, 2026, between 10:00 AM and 01:00 PM, the Department interviewed staff members
11 identified as Staff #1 through Staff #5 (S1-S5). Five (5) out of five (5) cannot corroborate this claim of
12 (R1's) fall was due to staff negligence in care. (S1) clarified that the fall did not occur due to any
13 negligence on (S1's) part. On January 15, 2026, (R1) was being wheeled into the activity room when
14 (R1) leaned forward and subsequently slipped out of the wheelchair before (S1) had the opportunity to
15 assist. (S1) confirmed that (S1) had made a turn to navigate around oncoming obstacles, noting that the
16 turn was executed carefully and was not a sharp or reckless turn. (S1) reported that (R1) received
17 immediate medical assistance for a head injury and was uncertain about any injuries to the lower body
18 at that time since (R1) was fully clothed. (S1) through (S5) confirmed (S1)'s account of the incident and
19 were unaware that (R1) had sustained additional injuries to the knee, including a fracture, until the
20 hospital provided this information. (S2-S3) noted that (R1) is on medications that increase sensitivity and
21 the risk of injury due to the prescribed medication. (S2-S3) verified that (R1) had not been assessed as
22 a fall risk and had never experienced a fall while at the facility. (S1 and S4-S5) verified completion of
23 mandated staff training including fall prevention, proper positioning, back injury prevention, hoist lift
24 usability, and timely response to call lights.
25

26 On February 06, 2026, between 10:35 AM and 02:00 PM, the Department interviewed resident
27 members identified as Resident #1 through Resident #10 (R1-R10). Nine (9) out of ten (10) cannot
28 support this claim. All nine residents require assistive devices and report that staff are careful and
29 attentive when assisting with mobility. Furthermore, none of the nine residents have experienced falls or
30 injuries due to staff negligence or lack of care.
31

32 Resident #1 (R1) was interviewed, but due to (R1's) health condition, (R1) was unable to engage in a
conversation.

(Evaluation Report continues LIC 9099-C)

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

DATE: 02/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2026

LIC9099 (FAS) - (06/04)

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: CITY VIEW LA, LLC

FACILITY NUMBER: 198603220

VISIT DATE: 02/06/2026

NARRATIVE

1 On February 04, 2026, between 11:02 AM and 12:20 PM, the Department interviewed witnesses
2 identified as Witness #1 and Witness #2 (W1-W2). Two (2) out of two (2) witnesses could not
3 corroborate this claim. (W1) is close to (R1) and noted that (R1) sometimes slips out of (R1's)
4 wheelchair. (W1) asked (R1's) doctor about using a seat belt, but the doctor did not approve it. (W1)
5 also mentioned that (R1) takes several medications that can make (R1) less stable and affect (R1's) skin
6 condition, which increases the risk of injuries. (W2) provided extra care services two times a week from
7 November 2025 to January 2026. (W2) said that (R1) was not assessed for fall risk and that there were
8 no falls or injuries during the care. (W2) worked alongside the facility staff and never observed any
9 negligence or neglect in the care provided by the staff.

10
11 On January 21, 2026, the Department inspected the area of the activity room where the incident
12 occurred and did not observe any health or safety issues.

13
14 A review of Resident #1 (R1's) service record included Medical Assessment for Residential Care
15 Facilities for Elderly LIC 602A (dated 006/05/25), Identification and Emergency Information LIC 601
16 (dated 03/19/18), Face Sheet and Emergency Info (dated 08/21/24) Service Plan (dated 10/12/25),
17 Resident Appraisal LIC 603A (dated 10/27/22), Morse Fall Scale (dated 10/227/22), OC Hospice Care ,
18 Inc Record (dated 11/11/25), Unusual Incident Report LIC 624 (dated 01/20/26 & 10/12/25) Facility
19 Progress Report (dated 01/28/26). Further review of Medication Administration Record (dated 12/01/25
20 – 12/31/25) revealed (38) medications are prescribed, with (19) significantly increasing the risk of falls.
21 Additionally, (2) medications thin the blood, making individuals more prone to injuries (ref: National
22 Institute of Health NIH).

23
24 Based on the information gathered, there is insufficient evidence to support the allegation mentioned
25 above.

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28
29
30 Based on the information collected from the facility inspection, observations, interviews, and records
31 analysis, the Department found no evidence to support the above allegation. The allegation may have
32 happened or is valid, but there is not a preponderance of the evidence to prove that the alleged violation
occurred. Therefore, the allegation is **Unsubstantiated**.

No deficiencies were cited

An exit interview was conducted with Marcia McKay, and copies of the reports were provided.

SUPERVISORS NAME: Janae Hammond

LICENSING EVALUATOR NAME: Ernand Dabuet

LICENSING EVALUATOR SIGNATURE:

DATE: 02/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2026