

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603220
Report Date: 06/30/2026
Date Signed: 06/30/2026 04:31:47 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 02/22/2026 and conducted by Evaluator Elvira Gonzalez

	COMPLAINT CONTROL NUMBER: 11-AS-20260222155138
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FACILITY NAME: CITY VIEW LA, LLC	FACILITY NUMBER: 198603220
ADMINISTRATOR: GINSBURG, MENDY	FACILITY TYPE: 740
ADDRESS: 515 N LA BREA AVE	TELEPHONE: (323) 938-2131
CITY: LOS ANGELES	ZIP CODE: 90036
CAPACITY: 166	DATE: 06/30/2026
	UNANNOUNCED TIME BEGAN: 10:07 AM
MET WITH: Avi Silver	TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1	Staff did not safeguard resident's personal belongings.
2	Staff did not ensure resident received adequate food service.
3	Staff did not ensure resident was appropriately clothed.
4	Licensee did not ensure a functioning signal system was accessible to resident.
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INVESTIGATION FINDINGS:

1	On 06/30/26, the department conducted an unannounced complaint visit to investigate the allegations
2	listed above. The department met with Business Office Manager, Avi Silver, and the purpose of the visit
3	was explained. The department was granted access to the facility. Executive Director, Mendy Ginsburg,
4	joined the department for the visit shortly after.
5	
6	The investigation consisted of the following: On 02/25/26, the department received the following
7	documents: staff roster, resident roster, menu for February 2026, alternative meal menu, Physician's
8	report for resident #1 (R1), Service Plan for R1, Safeguard for Personal belongings for R1, Admission
9	Agreement for R1, Laundry/Cleaning schedule, and an email between S1 and R1's family member. The
10	department conducted interviews with staff #1-#2 (S1-S2), and witness #1 (W1).
11	
12	Continued on LIC9099-C
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Stephanie Cifuentes	
LICENSING EVALUATOR NAME: Elvira Gonzalez	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/30/2026

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 7
Control Number 11-AS-20260222155138

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: 06/30/2026

NARRATIVE	
1	On 06/30/26, the department received the facility's menu for the months of May-June 2026. The
2	department conducted interviews with staff #3-#6 (S3-S6), residents #2-#9 (R2-R9), and attempted to
3	interview R1. Additionally, the department conducted a tour of the facility.
4	
5	The investigation revealed the following:
6	
7	Allegation: Staff did not safeguard resident's personal belongings. It has been alleged that a
8	resident's wallet, letterman's jacket, and glasses were missing. On 02/25/26, and 06/30/26, the
9	department conducted interviews with S1-S6. Of those interviewed, 6 out of 6 staff denied the allegation.
10	An interview with S1 revealed that R1 had reported some of their personal belongings missing, but they
11	were found days after in the residents room after staff assisted in locating the items.
12	
13	On 06/30/26, the department conducted interviews with R2-R9, and attempted to interview R1, but was
14	unable to as they are no longer in the facility. Of those interviewed, 8 out of 8 residents could not
15	corroborate with the allegation.
16	
17	Based on observation, interviews conducted, and a review of records, the preponderance of evidence
18	standard has not been met. Although the allegation may have happened or is valid, there is not a
19	preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
20	UNSUBSTANTIATED.
21	
22	
23	Allegation: Staff did not ensure resident received adequate food service. It was alleged that the
24	resident requested an alternative meal for dinner; however, staff did not provide the requested meal. As
25	a result, the resident reportedly did not receive dinner, and the resident's family arranged for food to be
26	delivered to the facility at approximately 10:00 p.m. because the resident had not eaten. On 02/25/26,
27	and 06/30/26, the department conducted interviews with S1-S6. Of those interviewed, 6 out of 6 staff
28	denied the allegation. 6 out of 6 staff said residents receive three meals a day, snacks in between, and
29	that they have alternative meals as well. 6 out of 6 staff said residents receive their breakfast between
30	7:00 am - 9:00 am, lunch at 12:00 pm, and dinner at 5:00 pm, 7 days a week.
31	
32	Continued on LIC9099-C

SUPERVISORS NAME: Stephanie Cifuentes	
LICENSING EVALUATOR NAME: Elvira Gonzalez	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/30/2026

LIC9099 (FAS) - (06/04) Page: 2 of 7
Control Number 11-AS-20260222155138

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE
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COMPLAINT INVESTIGATION REPORT
(Cont)

340
EL SEGUNDO, CA 90245

FACILITY NAME: CITY VIEW LA, LLC

FACILITY NUMBER: 198603220

VISIT DATE: 06/30/2026

NARRATIVE

1 On 06/30/26, the department conducted interviews with R2-R9, and attempted to interview R1, but was
2 unable to as they are no longer in the facility. Of those interviewed, 8 out of 8 residents could not
3 corroborate the allegation. 8 out of 8 residents said they receive three meals a day, snacks in between,
4 and that they have alternative meals as well. 8 out of 8 residents said they receive their breakfast
5 between 7:00 am - 9:00 am, lunch at 12:00 pm, and dinner at 5:00 pm, 7 days a week.
6
7 On 06/30/26, during the records review, the department observed copies of the facility's menu. The
8 facility serves three meals per day: breakfast, lunch, and dinner, and snacks between meals, with an
9 option for alternative meals. Based on the menu reviewed, the facility's meals appeared consistent with
10 these guidelines and Title 22 food service requirements.
11
12 Based on observation, interviews conducted, and a review of records, the preponderance of evidence
13 standard has not been met. Although the allegation may have happened or is valid, there is not a
14 preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
15 **UNSUBSTANTIATED**.
16
17 **Allegation: Staff did not ensure resident was appropriately clothed.** It was alleged that a resident
18 was mistakenly dressed in their roommate's clothing. It is also being alleged that the resident reportedly
19 brought the error to the caregiver's attention and requested to be changed into their own clothing;
20 however, the caregiver allegedly refused to assist with changing the resident into the correct clothing.
21 On 02/25/26, and 06/30/26, the department conducted interviews with S1-S6. Of those interviewed, 6
22 out of 6 staff could not corroborate the allegation. On 06/30/26, the department conducted interviews
23 with R2-R9, and attempted to interview R1, but was unable to as they are no longer in the facility. Of
24 those interviewed, 8 out of 8 residents could not corroborate the allegation.
25
26 Based on observation, interviews conducted, and a review of records, the preponderance of evidence
27 standard has not been met. Although the allegation may have happened or is valid, there is not a
28 preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
29 **UNSUBSTANTIATED**.
30
31
32 Continued on LIC9099-C

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Elvira Gonzalez
LICENSING EVALUATOR SIGNATURE:

DATE: 06/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/30/2026

LIC9099 (FAS) - (06/04)

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Control Number 11-AS-20260222155138

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: CITY VIEW LA, LLC

FACILITY NUMBER: 198603220

VISIT DATE: 06/30/2026

NARRATIVE

1 **Allegation: Licensee did not ensure a functioning signal system was accessible to resident.** It is
2 being alleged that the call light in a resident's bathroom was not working. On 02/25/26, and 06/30/26,
3 the department conducted interviews with S1-S5. Of those interviewed, 6 out of 6 staff could not
4 corroborate the allegation. An interview with S5 revealed that the facility routinely tests residents' call
5 lights to ensure they are functioning properly. An interview with S1 revealed that staff respond to
6 residents' call lights promptly. S1 further stated that the facility does not maintain logs documents call
7 light calls and/or their response times.
8
9 On 06/30/26, the department conducted interviews with R2-R9, and attempted to interview R1, but was
10 unable to as they are no longer in the facility. Of those interviewed, 8 out of 8 residents could not

11 corroborate the allegation. Interviews with 8 out of 8 residents revealed that they have not experienced
12 any issues with their call lights.
13
14 Based on observation, interviews conducted, and a review of records, the preponderance of evidence
15 standard has not been met. Although the allegation may have happened or is valid, there is not a
16 preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
17 **UNSUBSTANTIATED**.
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19 An exit interview was conducted, and a copy of this report was provided.
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SUPERVISORS NAME: Stephanie Cifuentes	
LICENSING EVALUATOR NAME: Elvira Gonzalez	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/30/2026
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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
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COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/22/2026** and conducted by Evaluator Elvira Gonzalez

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260222155138
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FACILITY NAME: CITY VIEW LA, LLC	FACILITY NUMBER: 198603220
ADMINISTRATOR: GINSBURG, MENDY	FACILITY TYPE: 740
ADDRESS: 515 N LA BREA AVE	TELEPHONE: (323) 938-2131
CITY: LOS ANGELES	ZIP CODE: 90036
CAPACITY: 166	DATE: 06/30/2026
MET WITH: Avi Silver	UNANNOUNCED TIME BEGAN: 10:07 AM
	TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1	Staff did not assist resident with toileting needs in a timely manner.
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INVESTIGATION FINDINGS:

1	On 06/30/26, the department conducted an unannounced complaint visit to investigate the allegations
2	listed above. The department met with Business Office Manager, Avi Silver, and the purpose of the visit
3	was explained. The department was granted access to the facility. Executive Director, Mendy Ginsburg,
4	joined the department for the visit shortly after.
5	

6 The investigation consisted of the following: On 02/25/26, the department received the following
7 documents: staff roster, resident roster, menu for February 2026, alternative meal menu, Physician's
8 report for resident #1 (R1), Service Plan for R1, Safeguard for Personal belongings for R1, Admission
9 Agreement for R1, Laundry/Cleaning schedule, and an email between S1 and R1's family member. The
10 department conducted interviews with staff #1-#2 (S1-S2), and witness #1 (W1).
11
12 Continued on LIC9099-C
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Stephanie Cifuentes	
LICENSING EVALUATOR NAME: Elvira Gonzalez	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/30/2026

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LIC9099 (FAS) - (06/04) Page: 5 of 7

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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: 06/30/2026

NARRATIVE	
1	On 06/30/26, the department received the facility's menu for the months of May-June 2026. The
2	department conducted interviews with staff #3-#6 (S3-S6), residents #2-#9 (R2-R9), and attempted to
3	interview R1. Additionally, the department conducted a tour of the facility.
4	
5	The investigation revealed the following:
6	
7	Allegation: Staff did not assist resident with toileting needs in a timely manner. It was alleged that
8	a resident requested assistance after using the toilet but was left waiting for approximately one hour
9	without help. The resident called the fire department for assistance getting off the toilet because staff did
10	not respond. On 02/25/26, and 06/30/26, the department conducted interviews with S1-S5. Of those
11	interviewed, 3 out of 6 staff corroborated the allegation, and 3 out of 6 staff could not corroborate the
12	allegation. 6 out of 6 staff said residents are checked on and changed (if needed) every 2 hours and as
13	needed.
14	
15	An interview with S1 revealed that R1 had been seated on the toilet in the bathroom by a caregiver
16	during a routine check. S1 stated that they did not believe that R1 activated the call light to request
17	assistance and instead contacted 911. S1 further stated that emergency personnel responded to the
18	facility following the 911 call. An interview with S2 revealed that R1 had been seated on the toilet in the
19	bathroom for an unknown period of time. S2 stated that R1 attempted to call staff for assistance;
20	however, staff did not respond. S2 further stated that as a result, R1 called 911 to request assistance.
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23	On 06/30/26, the department conducted interviews with R2-R9, and attempted to interview R1, but was
24	unable to as they are no longer in the facility. Of those interviewed, 8 out of 8 residents could not
25	corroborate the allegation.
26	
27	Based on interviews conducted which were conducted, the preponderance of evidence standard has
28	been met, therefore the above allegation is found to be SUBSTANTIATED . California Code of
29	Regulations, Title 22, Division 6 and Chapter 8 are being cited on the attached LIC 9099D.
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SUPERVISORS NAME: Stephanie Cifuentes	
LICENSING EVALUATOR NAME: Elvira Gonzalez	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 06/30/2026

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
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COMPLAINT INVESTIGATION REPORT
(Cont)

FACILITY NAME: CITY VIEW LA, LLC FACILITY NUMBER: 198603220
DEFICIENCY INFORMATION FOR THIS PAGE: VISIT DATE: 06/30/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/07/2026 Section Cited CCR 87468.1(a)(2)	1 Personal Rights of Residents in All 2 Facilities (a) Residents in all residential 3 care facilities for the elderly shall have 4 all of the following personal rights: 5 (2) To be accorded safe, healthful and 6 comfortable accommodations, 7 furnishings and equipment. This has not been met as evidenced by:	1 The facility will conduct an in service 2 staff training in regards to answering 3 call lights. 4 5 6 7
	8 Based on interviews conducted, staff 9 failed to answer the call light in a timely 10 manner. This violation poses a potential 11 health, safety, and personal rights risk 12 to residents in care. 13 14	8 The facility will submit the proof of 9 correction to the CCLD/EI Segundo 10 ASC Office via fax at 424-544-1016 11 Attn: Elvira Gonzalez or via email at 12 elvira.gonzalez@dss.ca.gov by the 13 POC due date. 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Elvira Gonzalez
LICENSING EVALUATOR SIGNATURE: DATE: 06/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 06/30/2026