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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 425850025
Report Date: 05/29/2026
Date Signed: 05/29/2026 09:52:33 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/13/2025** and conducted by Evaluator Melisa Rankin

	COMPLAINT CONTROL NUMBER: 29-AS-20251113130026

FACILITY NAME:	SANTA MARIA TERRACE			**FACILITY NUMBER:**	425850025
ADMINISTRATOR:	ENRIQUEZ, SANJUANA			**FACILITY TYPE:**	740
ADDRESS:	1405 E MAIN ST			**TELEPHONE:**	(805) 925-8713
CITY:	SANTA MARIA	**STATE:** CA		**ZIP CODE:**	93454
CAPACITY:	140	**CENSUS:**	UNANNOUNCED	**DATE:**	05/29/2026
				TIME BEGAN:	09:15 AM
MET WITH:	Vanessa Vasquez, Designee			**TIME COMPLETED:**	09:55 AM

ALLEGATION(S):

1	Facility staff did not meet resident's needs
2	Resident does not have a call button accessible
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rankin conducted a subsequent complaint visit to the facility above to
2	issue final findings. LPA met with Vanessa Vasquez, Designee, and explained the purpose of the visit.
3	During the initial visit on 11/19/25 LPA Rankin conducted interviews and collected relevant
4	documentation.
5	
6	During the investigation LPA reviewed facility records, requested and received Home Health Agency
7	records and notes, interviewed staff, family and reporting party.
8	
9	On the allegation: Facility staff did not meet resident's needs
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11	It was alleged that Resident #1 (R1) is soiled in urine during visits done by the outside agencies and that
12	staff state they provide the level of care that R1 has paid for. Continued on 9099-C
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Kelly Burley
LICENSING EVALUATOR NAME: Melisa Rankin
LICENSING EVALUATOR SIGNATURE:
DATE: 05/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/29/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: SANTA MARIA TERRACE **FACILITY NUMBER:** 425850025
VISIT DATE: 05/29/2026

NARRATIVE

On 11/17/25 at 10:52 am, LPA conducted a telephone interview with the Reporting Party (RP). RP stated that during their visits, R1 has been soiled, and RP reported that documentation from the physical therapist and other nursing staff also indicates that R1 was found soiled on multiple occasions. RP additionally stated that during their visits, R1's television was not working and that R1's bedroom appeared "thrashed."

On 11/17/25 at 2:50 pm via phone call, LPA interviewed Family #1 (F1) who stated that they believe R1 is choosing to be in a diaper, is very agitated, and refuses care such as changing, and showers. R1 refuses to go to doctor appointments, stated that a doctor saw R1 within the last week and agreed R1 should be on hospice, but R1 is refusing. F1 stated there is limited money, so they can only afford minimum care. F1 stated that the "facility is trying, but [R1] is being difficult."

On 11/19/25 during initial visit LPA collected documentation of communication from the facility to the doctor, tracking records where staff note care attempted and results, medication lists, and Outside Provider Notes.

LPA was provided faxed communication from the facility to the doctor between 10/21/25 to 10/26/25 where the facility communicates R1's increased anxiety, increased pain, declining to eat normally, declining staff assistance with Activities of Daily Living (ADLs), becoming incontinent, refusing assistance with changing their clothes and bedding and isolating themselves.

Notes regarding facilities attempt to provide care include documented services and attempts of services for: showering which states from 10/1/25 to 11/12/25 resident refused showers 10 times. Documentation of resident refusing housekeeping cleaning 2 times between 9/25/25 to 11/6/25. Documentation of incontinent care 3 times a day from 10/21/25 to 11/10/25 show resident refused care 10 times over a 20-day period.

On 11/17/25 LPA emailed a request for records from the Home Health agency. On 11/19/25 records were provided to Community Care Licensing which included "Visit Note Reports" dated from 10/6/25 to 11/13/25. Home health visit notes reflect ongoing concerns regarding R1's environment, mood, personal care, and functional decline. Documentation shows 3 out of 12 visits with notes where R1 was found in a soiled condition or in a malodorous room, supporting the allegation. However, the same documentation also consistently indicates that R1 frequently refused care, resisted interventions, and declined assistance from both home health staff and facility caregivers.

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NARRATIVE

R1 was repeatedly described as irritable, withdrawn, angry, and “actively resisting care.” Notes indicate R1 refused physical therapy, declined assistance with toileting and mobility, and resisted recommended medical evaluation. Staff consistently reported R1’s isolation, poor engagement, and unwillingness to leave the room.

Collectively, these records and interviews show that while R1 was at times found soiled or in an unclean environment, these conditions were significantly influenced by R1’s right to refuse care and interventions. The documentation also reflects ongoing efforts by facility and home health staff to address R1’s care needs within the limitations of R1’s cooperation and authorized care level.
On 5/28/26, LPA conducted interviews with facility staff via phone and reviewed R1’s current Service Plan. Staff reported that R1 is currently thriving and is ambulating with the assistance of a walker. The review of R1’s plan of care indicates that R1’s Activities of Daily Living (ADL) assistance level was reduced as of 3/12/26, and that R1 is now attending activities and coming down to meals regularly.

When asked about the changes in R1’s functioning, staff stated that R1 was admitted to hospice on 11/22/25. During hospice services, R1 participated in physical therapy, and hospice staff were able to stabilize R1’s pain with appropriate medication and had quicker access to a physician who adjusted medications as needed. Documentation provided and staff reported that R1 graduated from hospice on 2/19/26 due to decreased decline.

Based on interviews, facility documentation, home health notes, and record review, R1’s frequent refusal of care, medical appointments, and ADL assistance contributed significantly to the concerns reported. Therefore the allegation is UNSUBSTANTIATED.

On the allegation: Resident does not have a call button accessible

It was alleged during visits from outside agencies R1 no longer had a call light available for use in their room.
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WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250
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FACILITY NAME: SANTA MARIA TERRACE **FACILITY NUMBER:** 425850025
VISIT DATE: 05/29/2026

NARRATIVE

On 11/17/25 at 10:52am via phone call, LPA interviewed reporting party (RP). RP stated that the call button disappeared. That R1 is unable to get out of bed. RP claims that R1 went weeks without a call button and was requiring the family to pay for a new one and that the family was refusing to pay.

LPA reviewed and collected invoices for 9/1/25, 10/1/25 and 11/1/25 of R1’s care and saw no charges related to call buttons or unknown fees.
LPA reviewed Home Health Agency notes from 10/5/25 to 11/17/25 and found one note on 10/6/25 that

stated R1 “did not have call button…” and one on 11/11/25 stating “Patient has a call button bed side” “Safety-Patient has a call light button and is checked on by staff 2 times minimum a day.” All other dates of services were reviewed and the area asking the provider to review “Emergency Button Needs” did not address any other instance of missing call buttons.

On 11/17/25 LPA interviewed F1 and asked does R1 have a call button and were they ever without one? F1 stated R1 “has had one the whole time.”

Interview with Wellness Director on 11/19/25, stated F1 called at one point to let the facility know that Home Health had stated that R1 did not have a call button. Wellness Director stated she created a new button in their system and went upstairs to give R1 the button and found the other call button in the resident’s bathroom.

Based on interviews, and record review. At this time there is no preponderance of evidence to prove the alleged violation(s) did or did not occur, therefore the allegation is UNSUBSTANTIATED.

Exit interview conducted, copy of report given.

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