

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 561703573
Report Date: 04/04/2025
Date Signed: 04/07/2025 08:23:03 AM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/09/2024** and conducted by Evaluator Teresa Camara

	COMPLAINT CONTROL NUMBER: 29-AS-20240809141502
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FACILITY NAME: ELMS RESIDENTIAL CARE	FACILITY NUMBER: 561703573
ADMINISTRATOR: HIGGINS, FE LILIA 98	FACILITY TYPE: 740
ADDRESS: 67 EAST BARNETT	TELEPHONE: (805) 643-2176
CITY: VENTURA	ZIP CODE: 93001
CAPACITY: 54	DATE: 04/04/2025
MET WITH: Julie Anos	UNANNOUNCED TIME BEGAN: 01:28 PM
	TIME COMPLETED: 04:35 PM

ALLEGATION(S):

1	Staff verbally abuses and threatens residents.
2	Staff do not provide adequate amount of food to residents.
3	Staff did not prevent drug activity on the premises.
4	Resident is being utilized as staff.
5	Licensee is financially abusing residents.
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Teresa Camara conducted a subsequent complaint investigation visit
2	regarding the above noted allegations. LPA initially met with facility staff Neil Cotton and later met with
3	the acting administrator Julie Anos. LPA explained the reason for the visit. LPA started interviews at 1:30
4	p.m. LPA interviewed five staff and five residents. LPA reviewed P&I monies at 3:40 p.m.
5	
6	Regarding the allegation staff do not provide an adequate amount of food to residents:
7	Staff stated residents are served three meals and three snacks a day. Residents can request second
8	servings if they are still hungry after their initial serving. They also have a refrigerator where residents
9	can store their own food. Residents confirmed they get three meals and three snacks per day. They can
10	ask for seconds if they are still hungry. They can also request other options if they don't like what is being
11	served. Based on these interviews this allegation is deemed UNSUBSTANTIATED at this time.
12	
13	(continued on LIC9099C)

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera
NAME OF LICENSING PROGRAM ANALYST: Teresa Camara
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/04/2025

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 29-AS-20240809141502

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: ELMS RESIDENTIAL CARE

FACILITY NUMBER: 561703573

VISIT DATE: 04/04/2025

NARRATIVE

1 (continued from LIC9099)
2

3 Regarding the allegation staff verbally abuses and threatens residents:
4 All staff interviewed stated they had never witnessed staff threatening or yelling at residents. Staff stated
5 if a resident is having a behavioral episode voices may be raised to get their attention but never in an
6 aggressive or threatening manner. All of the residents stated they have never witnessed staff yell or
7 threaten residents. Residents stated staff are "friendly", "polite", "nice", "very kind", and treat residents
8 well. Based on interviews this allegation is deemed UNSUBSTANTIATED at this time.
9

10 Regarding the allegation staff do not prevent drug activity on the premises.
11 Staff stated they have a couple residents who have been witnessed smoking marijuana. One resident
12 has been counseled that they are breaking house rules by smoking marijuana on the premises,
13 especially inside their room. They have been issued a 30 day eviction notice, however the resident is
14 currently in the hospital so they have not moved out. Staff stated they have suspicions about a couple
15 residents using drugs but they have not personally witnessed them using drugs. One resident stated
16 they smelled marijuana outside but did not witness who was smoking it. None of the residents witnessed
17 any drug dealers on the premises. Based on interviews, this allegation is deemed UNSUBSTANTIATED
18 at this time.
19

20 Regarding the allegation a resident is being utilized as staff:
21 Staff stated none of the residents are used as staff, however the facility offers an incentive program
22 residents can sign up for where they perform certain chores such as sweeping, setting the table, serving
23 food, helping with laundry, taking out trash, bussing tables, and washing dishes. It is a voluntary
24 program and residents can make money doing these chores; they are paid weekly depending on the
25 number of days they volunteer and the activity they perform. Residents stated they have never
26 witnessed other residents acting as staff. Some of the residents interviewed participate in the incentive
27 program and confirmed they get paid weekly for the chores they perform. One resident who takes the
28 trash out daily stated they used to do that under the prior administrator but did not get paid. That
29 resident chose to take out the trash because they were collecting recyclables to turn in for cash. Based
30 on interviews, this allegation is deemed UNSUBSTANTIATED at this time.
31
32

(continued on LIC9099C)

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera
NAME OF LICENSING PROGRAM ANALYST: Teresa Camara
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/04/2025

Control Number 29-AS-20240809141502

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
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FACILITY NAME: ELMS RESIDENTIAL CARE

FACILITY NUMBER: 561703573

VISIT DATE: 04/04/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	(continued from LIC9099C) Regarding the allegation licensee is financially abusing residents. Staff stated they hold P&I money for five residents. LPA reviewed the P&I monies and all money was accounted for. Staff stated when they receive checks for residents they let the residents know and they have a list where the residents sign when they receive the check in their hands. Most residents do not have bank accounts so staff drives them to one of two nearby check cashing locations so they can cash their checks. Most residents hold on to their own cash. Residents interviewed stated they hold on to their own cash and have never heard any complaints of staff taking money from residents. Based on interviews and records reviewed this allegation is deemed UNSUBSTANTIATED at this time. No deficiencies observed. Exit interview conducted and report issued.

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera	
NAME OF LICENSING PROGRAM ANALYST: Teresa Camara	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/04/2025
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