

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 561703573
Report Date: 10/10/2025
Date Signed: 10/10/2025 03:31:51 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **08/13/2025** and conducted by Evaluator Kelly Dulek

	COMPLAINT CONTROL NUMBER: 29-AS-20250813233409
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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: 10/10/2025
MET WITH: Lesley Jamon, Facility Designee	UNANNOUNCED TIME BEGAN: 02:40 PM
	TIME COMPLETED: 03:45 PM

ALLEGATION(S):

1	Staff do not prevent residents from using illegal drugs in the facility
2	Staff are not mitigating the spread of illness
3	Staff do not provide adequate food service
4	Staff do not safeguard resident funds
5	Staff do not ensure resident hygiene needs are met
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kelly Dulek conducted an unannounced subsequent complaint visit with the purpose of delivering findings for the above allegations. Upon arrival, the LPA met with Facility Designee Lesley Jamon and explained the reason for the visit. Entrance interview conducted.
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5	During an initial complaint inspection on 08/14/2025, between 09:00AM and 02:00PM, LPA Esther Cortez toured the facility, interviewed the Administrator, one (1) staff, three (3) residents, one (1) witness, conducted a file review, and obtained copies of resident records and other pertinent documents. LPA Dulek conducted a subsequent visit on 09/18/2025; LPA interviewed facility designees and Administrator at 11:14AM, toured the facility at 12:11PM and interviewed two (2) staff and seven (7) residents from 12:23PM to 02:15PM. LPA also obtained copies of pertinent documents. Additionally, LPA conducted interviews with staff and obtained additional relevant documents during an unrelated visit on 08/19/2025. Throughout the course of the investigation, LPA Dulek reviewed all documents obtained. The following was then determined:
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13	Report Continued on LIC 9099-C (p.2)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Kelly Dulek
LICENSING EVALUATOR SIGNATURE:

DATE: 10/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/10/2025

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-20250813233409

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ELMS RESIDENTIAL CARE

FACILITY NUMBER: 561703573

VISIT DATE: 10/10/2025

NARRATIVE

1 Allegation: "Staff do not prevent residents from using illegal drugs in the facility."
2 The complaint alleges that residents use drugs in the facility. LPA interviewed management staff, who
3 indicated that many residents smoke cigarettes and there are a few that use tobacco. The facility does
4 have a designated smoking area located on the outdoor patio. Interview revealed some residents also
5 smoke marijuana, but the facility does not allow residents to smoke marijuana on the facility premises.
6 Interview also revealed that those individuals who choose to smoke marijuana, leave the facility
7 premises to do so. Administrative staff interviewed indicated they have drug tests available for testing if
8 needed. There have been occasions when the management staff requested that a resident take a
9 voluntary drug test. Management indicated that when requested, residents have voluntarily taken a drug
10 test and no residents have refused testing. None of the voluntary drug tests have come back with a
11 positive result. LPA reviewed a photograph provided of a negative test for one of the residents and LPA
12 observed an unopened drug test kit. Resident interviews corroborated information provided by facility
13 staff, with residents indicating only cigarettes and tobacco are used on facility premises, both of which
14 are legal and permitted for use at the facility. During the visit on 09/18/2025, LPA observed loose
15 tobacco in one resident's room. During all visits, LPAs observed residents utilizing the designated
16 outdoor smoking area to smoke cigarettes. LPA did not observe evidence of other substances being
17 used on facility premises. The information obtained during the investigation did not include sufficient
18 evidence to corroborate the allegation. Although the allegation may have happened or is valid, there is
19 not sufficient evidence to prove the alleged violation did or did not occur, therefore the allegation is
20 deemed **Unsubstantiated** at this time.

21
22 Allegation: "Staff are not mitigating the spread of illness in the facility:"

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24
25 The complaint alleges that a resident tested positive for tuberculosis and was not kept on isolation and
26 the complaint indicates the facility's cleaning protocols are insufficient. LPA spoke with facility
27 management, residents and staff related to the allegation. Interviews revealed that on 05/30/2025,
28 Resident #1 (R1) did receive blood test results that indicated a positive tuberculosis result. The printout
29 indicates the following "in healthy persons who have a low likelihood of M tuberculosis infection, a single
30 positive QFT result should not be taken as reliable evidence of M. tuberculosis infection. Repeat testing,
31 with either the initial test or a different test, may be considered on a case-by-case basis." Interview
32 revealed that the positive result was communicated to R1's case manager as well as Ventura County
Public Health for guidance. Interview revealed that R1's tuberculosis was considered dormant and R1
was prescribed treatment to ensure the disease remains in a dormant state. Facility staff stated R1 has
been compliant with taking the prescribed
Report Continued on LIC 9099-C (p.3)

SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Kelly Dulek
LICENSING EVALUATOR SIGNATURE:

DATE: 10/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/10/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 6

Control Number 29-AS-20250813233409

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: ELMS RESIDENTIAL CARE

FACILITY NUMBER: 561703573

VISIT DATE: 10/10/2025

NARRATIVE

1 medications; LPA reviewed Medication Administration Record (MAR) which does reflect R1 has been
2 taking the medication as prescribed. R1 had a follow up appointment with their medical provider on
3 08/14/2025 and notes indicate "no change in treatment. Continue the treatment for a total of 9 months."
4 Staff interviewed stated that as a precautionary measure, R1 was asked to wear a mask when moving
5 about the common areas of the facility, however, upon initial diagnosis, R1 was not complying with this
6 request. Staff would frequently remind R1 to wear their mask. As of the subsequent visit, R1 was
7 observed wearing their mask in the common areas. Staff also stated that they have been serving R1
8 their food using disposable cutlery, plates, and cups, staff directly interacting with R1 wear personal
9 protective equipment (PPE), and the facility has instituted enhanced cleaning procedures. LPA reviewed
10 the facility's infection control plan, which addresses situations where one or more residents are
11 diagnosed with communicable disease is present. It appears the facility is complying with the written
12 infection control plan as it addresses communicable disease. LPA was provided a copy of a Public
13 Health Clearance letter referencing R1 with a date of service listed as 07/15/2025. The letter indicates
14 "the above named person is currently taking treatment for Tuberculosis Infection Disease (TB) and
15 DOES NOT present a health threat to others at this time." The complaint was received on 08/13/2025.
16 The information obtained during the investigation did not include sufficient evidence to corroborate the
17 allegation. Although the allegation may have happened or is valid, there is not sufficient evidence to
18 prove the alleged violation did or did not occur, therefore the allegation is deemed **Unsubstantiated** at
19 this time.

20
21 Allegation: "Staff do not provide adequate food service:"
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24 LPA interviewed staff and residents, as well as made observations on the facility's food service and food
25 supply. Residents interviewed indicated they receive enough food at meals and there is always extra
26 food available. The facility offers 3 (three) meals and 3 (three) snacks each day. Residents
27 communicated they enjoy the food served at the facility. LPA observed lunch during 2 (two) separate
28 visits. LPA observed a variety of foods being served in a sufficient quantity. LPA observed food storage
29 areas, which include a large storage area with shelving, as well as multiple refrigerators and freezers
30 labeled by food category (such as meats, dairy, etc.) LPA observed a sufficient supply of foods to fulfil
31 the posted menu. Facility Management indicated the facility receives a delivery from their provider
32 (Sysco) every Thursday. The information obtained during the investigation did not include sufficient
evidence to corroborate the allegation. Although the allegation may have happened or is valid, there is
not sufficient evidence to prove the alleged violation did or did not occur, therefore the allegation is
deemed **Unsubstantiated** at this time.

Report Continued on LIC 9099-C (p.4)

SUPERVISORS NAME: Kristin Heffernan

LICENSING EVALUATOR NAME: Kelly Dulek

LICENSING EVALUATOR SIGNATURE:

DATE: 10/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/10/2025

LIC9099 (FAS) - (06/04)

Page: 3 of 6

Control Number 29-AS-20250813233409

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: ELMS RESIDENTIAL CARE

FACILITY NUMBER: 561703573

VISIT DATE: 10/10/2025

NARRATIVE

1 Allegation: "Staff do not safeguard resident funds:"
2 The complaint alleges that residents' checks are stolen, so residents are unable to purchase personal
3 items. LPA interviewed management, who indicated that prior to management changes, the

4 Administrator would cash the residents' checks and manage resident funds. However, in the past year,
5 management made changes to this policy in anticipation of the change of ownership. Currently, staff
6 give residents their checks when they are received at the facility. Residents are responsible for cashing
7 their own checks and managing their own money or residents have a responsible person entrusted to
8 handle their personal funds. The facility no longer manages resident funds, which was an adjustment for
9 some residents. Residents interviewed stated they receive their checks and handle their own money.
10 Resident interviews revealed no missing money or checks and that residents can purchase items of
11 their choosing with their own personal money. The information obtained during the investigation did not
12 include sufficient evidence to corroborate the allegation. Although the allegation may have happened or
13 is valid, there is not sufficient evidence to prove the alleged violation did or did not occur, therefore the
14 allegation is deemed **Unsubstantiated** at this time.

16 Allegation: "Staff do not ensure resident hygiene needs are met."

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18
19 LPA interviewed management and staff, as well as residents related to the facility's hygiene policies.
20 Management stated there is one particular resident who has been working to overcome a phobia related
21 to showering. This one resident does not shower often, however, staff have communicated to the
22 resident's physician, case manager and psychiatrist to help meet the resident's needs. Recently, there
23 was a change in the resident's psychiatric team and the resident has been making progress towards
24 becoming compliant with facility policy related to hygiene. Staff stated they do encourage all residents to
25 shower regularly and most are compliant, however if a resident refuses, they try other methods to
26 encourage proper hygiene. Staff interviews revealed residents change clothes daily, if not multiple times
27 a day, and the facility launders all clothing and bedding for the residents. Residents interviewed
28 indicated they do shower regularly and are happy with the newly installed shampoo and body wash
29 dispensers in the shower rooms. Residents interviewed stated that in the past, there were many
30 residents who did not take care of their hygiene needs, but since the management changed, there has
31 not been a problem with hygiene. The information obtained during the investigation did not include
32 sufficient evidence to corroborate the allegation. Although the allegation may have happened or is valid,
there is not sufficient evidence to prove the alleged violation did or did not occur, therefore the allegation
is deemed **Unsubstantiated** at this time.

No citations issued. Exit interview conducted. Today's report was reviewed and provided to the
Designee.

SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Kelly Dulek
LICENSING EVALUATOR SIGNATURE:

DATE: 10/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/10/2025

LIC9099 (FAS) - (06/04)

Page: 4 of 6

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20250813233409

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**FACILITY
NUMBER:** 561703573

ADMINISTRATOR: HIGGINS, FE LILIA 98

FACILITY TYPE: 740

ADDRESS: 67 EAST BARNETT

TELEPHONE: (805) 643-2176

CITY: VENTURA

STATE: CA

ZIP CODE: 93001

CAPACITY: 54

CENSUS: 50

DATE: 10/10/2025

MET WITH: Lesley Jamon, Facility Designee

UNANNOUNCED TIME BEGAN: 02:40 PM

TIME

COMPLETED: 03:45 PM

ALLEGATION(S):

1 Staff do not maintain accurate records for residents
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Kelly Dulek conducted an unannounced subsequent complaint visit
 2 with the purpose of delivering findings for the above allegations. Upon arrival, the LPA met with Facility
 3 Designee Lesley Jamon and explained the reason for the visit. Entrance interview conducted.
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 10 12:23PM to 02:15PM. LPA also obtained copies of pertinent documents. Additionally, LPA conducted
 11 interviews with staff and obtained additional relevant documents during an unrelated visit on 08/19/2025.
 12 Throughout the course of the investigation, LPA Dulek reviewed all documents obtained. The following
 13 was then determined:
 Report Continued on LIC 9099-C (p.2)

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Kelly Dulek
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 10/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 10/10/2025

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 LIC9099 (FAS) - (06/04) Page: 5 of 6

Control Number 29-AS-20250813233409

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY NAME: ELMS RESIDENTIAL CARE **FACILITY NUMBER:** 561703573
VISIT DATE: 10/10/2025

NARRATIVE

1 Allegation: "Staff do not maintain accurate records for residents."
 2
 3 The complaint alleges that the facility is using false reports without people's knowledge. LPA was unable
 4 to gather additional information related to what reports are being referenced. LPA reviewed facility
 5 incident reports, internal documentation and resident files. Incident reports and internal documentation
 6 reviewed appeared consistent. LPA noted that the resident files are not up to date with all current
 7 information. Management interviewed indicated that due to the pending change of ownership, all files
 8 have been audited and at the time of the visit, some were awaiting signatures from residents' case
 9 managers and/or awaiting new medical assessments for some residents. During the annual visit, LPA
 10 Dulek reviewed six (6) resident files. Out of the six (6) files reviewed, the LPA identified that three
 11 residents did not have an appraisal/needs and services plan (LIC603), additionally, several forms were
 12 identified as incomplete, containing missing signatures, and incomplete information. Based on
 13 information gathered during the course of the investigation, there is sufficient evidence to support the
 14 allegation; therefore the allegation is deemed SUBSTANTIATED at this time.
 15
 16 The licensee's responsibility for maintaining complete and accurate resident files was reviewed,
 17 addressed, and cited during the facility's annual visit conducted on 08/19/2025. Therefore, no citation
 18 and plan of correction will be issued during today's visit.
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 20 Exit interview conducted. A copy of today's report and appeal rights were reviewed and provided.
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SUPERVISORS NAME: Kristin Heffernan
LICENSING EVALUATOR NAME: Kelly Dulek
LICENSING EVALUATOR SIGNATURE: **DATE:** 10/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 10/10/2025