

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 565800734  
Report Date: 02/05/2025  
Date Signed: 02/05/2025 11:47:43 AM

**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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/09/2024** and conducted by Evaluator Kelly Dulek

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20241209134414</b>
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<b>FACILITY NAME:</b> HILLCREST ROYALE	<b>FACILITY NUMBER:</b> 565800734
<b>ADMINISTRATOR:</b> INGA JAKOBOVICH	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 190 EAST HILLCREST DRIVE	<b>TELEPHONE:</b> (805) 371-0035
<b>CITY:</b> THOUSAND OAKS	<b>STATE:</b> CA <b>ZIP CODE:</b> 91360
<b>CAPACITY:</b> 145	<b>CENSUS:</b> 82 <b>DATE:</b> 02/05/2025
<b>MET WITH:</b> Michael Sokolowski	<b>UNANNOUNCED TIME BEGAN:</b> 10:05 AM
	<b>TIME COMPLETED:</b> 11:55 AM

**ALLEGATION(S):**

1	Due to lack of care and/or supervision, residents engaged in a physical altercation, resulting in injury
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Kelly Dulek conducted a subsequent complaint visit with the purpose of
2	delivering findings for the above listed allegation. LPA met with Executive Director (ED) Michael
3	Sokolowski and explained the reason for the visit. Entrance interview conducted.
4	
5	During an initial complaint visit conducted on 12/10/2024, LPA interviewed management at 03:10PM
6	related to recent incident reports submitted to the Department. LPA, along with Executive Director,
7	conducted a health and safety check tour of the facility at 03:40PM. No immediate health and safety
8	hazards were observed during facility tour. LPA obtained copies of pertinent documents. LPA informed
9	facility management that the allegation was referred to Community Care Licensing Division (CCLD)'s
10	Investigations Branch (IB). IB Investigator Veronica Padilla interviewed Resident #1 (R1) and Resident
11	#2 (R2) on 12/27/2024. During a subsequent complaint visit conducted on 01/29/2025, LPA interviewed
12	ED at 01:40PM and conducted staff
13	Report Continued on LIC 9099-C

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan

**NAME OF LICENSING PROGRAM ANALYST:** Kelly Dulek

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/05/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/05/2025

**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 2

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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:** HILLCREST ROYALE

**FACILITY NUMBER:** 565800734

**VISIT DATE:** 02/05/2025

**NARRATIVE**

1 interviews at 02:00PM, 02:14PM and 02:42PM. LPA reviewed and obtained copies of documents  
 2 relevant to the investigation, including the police report related to the incident that occurred on  
 3 12/07/2024. The following was then determined:  
 4  
 5 On 12/07/2024 in the early afternoon hours, there was an altercation between R1 and R2 on the outdoor  
 6 patio of R1's room. Neither resident could recall what started the altercation, but both were aware of the  
 7 physical altercation that resulted. The residents indicated they were friends and would spend time in  
 8 R1's room often. On the date of the incident, R2 had gone to R1's room and they were both out on the  
 9 patio of R1's room when a verbal altercation escalated into a physical altercation. Review of documents  
 10 for both R1 and R2 revealed that both residents are independent, with the exception of both requiring  
 11 assistance with medication management. Neither resident requires 1:1 supervision and both residents  
 12 are able to leave the facility unassisted, according to their physician's reports. Staff interviewed  
 13 indicated that R1 tended to remain in their own private room most of the time, but that R2 would visit R1  
 14 from time to time. Staff stated that residents are free to move about the facility as they wish and it is  
 15 common for residents to visit with other residents in their private rooms. On the date of the incident, the  
 16 Maintenance Director heard yelling, looked outside and down towards where the sound was coming  
 17 from and saw R1 and R2 on the outdoor patio of R1's room. Maintenance Director responded to R1's  
 18 room, while calling for care staff and medication technician to respond to the room as well. Medication  
 19 Technician called 9-1-1. In total, 5 (five) staff responded to assist with the incident. Staff were able to  
 20 separate the residents and started assessing both residents for injury. Both police and paramedics  
 21 responded to the facility promptly and assisted both residents before taking both residents from the  
 22 facility. Staff interviewed stated both residents are back in the facility currently. Following the incident,  
 23 they now stay away from each other and do not interact. Interviews and documents reviewed do indicate  
 24 the incident occurred, which resulted in injury to both residents. However, document review revealed  
 25 that both residents are independent and did not require constant care and supervision. Both residents  
 26 admitted they chose to enter R1's private room and engaged in conduct which violated the facility's  
 27 documented house rules. The information obtained during the investigation did not include evidence  
 28 sufficient to corroborate the allegation. Although the allegation may have happened or is valid, there is  
 29 not sufficient evidence to prove the alleged violation did or did not occur, therefore the allegation is  
 30 deemed **Unsubstantiated** at this time.  
 31  
 32 No deficiencies cited during this visit. Exit interview conducted. A copy of the report was provided.

**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan

**NAME OF LICENSING PROGRAM ANALYST:** Kelly Dulek

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/05/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/05/2025