

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 565800734

Report Date: 01/29/2026

Date Signed: 01/29/2026 12:47:34 PM

### 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/16/2025** and conducted by Evaluator Erica Mosley

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20251216094744</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>CAPACITY:</b> 145	<b>ZIP CODE:</b> 91360
	<b>CENSUS:</b> 91
	<b>DATE:</b> 01/29/2026
<b>MET WITH:</b> Michelle Gubbay, Director of Services (DOS)	<b>UNANNOUNCED TIME BEGAN:</b> 10:25 AM
	<b>TIME COMPLETED:</b> 01:00 PM

### ALLEGATION(S):

1	Staff does not ensure resident is kept clean and dry at all times
2	Staff does not ensure resident is kept free of mal odors
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Erica Mosley conducted an unannounced subsequent complaint visit to
2	investigate the above listed allegations. The purpose of this visit is to deliver findings for the above listed
3	allegations. Upon arrival at approx. 10:25 a.m. LPA was greeted by front door receptionist and explained
4	the reason for the visit. The LPA met with Michelle Gubbay, Director of Services (DOS) and the reason
5	for the visit was explained. Entrance interview conducted.
6	On 12/16/2025, the Department received a complaint regarding the following allegations, Staff does not
7	ensure resident is kept clean and dry at all times and Staff does not ensure resident is kept free of mal
8	odors. On 12/19/2025 starting at 10:20 a.m. LPA and staff briefly toured the physical plant areas inside
9	and outside to ensure there are no immediate health and safety hazards. Starting at 10:33 a.m. and
10	throughout the visit LPA conducted six (6) in-person interviews with three (3) staff, two (2) residents, and
11	one (1) family visitor, at 11:45 a.m. conducted a file and record review for Resident #1 (R1), starting at
12	12:09 p.m. attempted two (2) telephonic interviews with R1 and emergency contact #2. Report continued
13	on LIC 9099-C PAGE 2...

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Kasandra Lopez  
**LICENSING EVALUATOR NAME:** Erica Mosley  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/29/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/29/2026

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-20251216094744

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:** HILLCREST ROYALE

**FACILITY NUMBER:** 565800734

**VISIT DATE:** 01/29/2026

### NARRATIVE

1 **(PAGE 2) Report continued from LIC 9099...**

2

3 At 12:13 p.m. conducted one (1) telephonic interview with the Power of Attorney (POA) for R1 and  
4 obtained copies of pertinent documentation relevant to the investigation. On 01/13/2026 at 1:42 p.m.  
5 conducted a telephonic interview with the facility DOS. At 2:25 p.m. and 4:00 p.m. attempted a  
6 telephonic interview with R1. At 2:28 p.m. and 4:40 p.m., attempted a telephonic interview with POA of  
7 R1.

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During today's visit LPA and DOS briefly toured the physical plant areas inside and outside to ensure there are no immediate health and safety hazards, and obtained copies of pertinent documentation relevant to the investigation.

On the allegations, Staff does not ensure resident is kept clean and dry at all times, and Staff does not ensure resident is kept free of mal odors it is the concern of the Reporting Party (RP) that R1 was covered in urine, had poor hygiene, and smelled foul. To investigate this complaint, LPA conducted in person interviews, telephonic interviews, file and record review and obtained copies of pertinent documentation relevant to the investigation.

Interviews with POA revealed that R1 is considered independent living by receiving minimal assistance / basic services from the facility at the time. They have no concerns related to the care or hygiene of R1. POA stated that they believe the facility may no longer be the best place for R1's care noting that they do not have additional funds to cover extra services and believe R1 may be declining due to age. They are in the process of relocating R1 to their hometown and do not see R1 returning to the facility after their current hospitalization.

Interviews with DOS revealed that on 12/13/2025 R1 was transported to the hospital via ambulance due to congestion and shortness of breath. As of 12/19/2025 R1 has not returned to the facility. R1 does not receive hands-on services from the facility, noting that the family is aware of R1's level of independence and capabilities. R1 always appeared presentable and did not smell of a mal odor. They had no prior issues related to R1. To their knowledge and observation R1 upkept themselves. R1 would occasionally participate in activities but generally kept to themselves.

**Report continued on LIC 9099-C PAGE 3...**

**SUPERVISORS NAME:** Kasandra Lopez  
**LICENSING EVALUATOR NAME:** Erica Mosley  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/29/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/29/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

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**NARRATIVE**1 **(PAGE 3) Report continued from LIC 9099...**

2

3 Interviews with the Administrator revealed that R1 is independent requiring little to no assistance from  
4 the facility. R1 was always well put together, and they had no concerns regarding R1's capabilities  
5 including hygiene. The Administrator stated that residents are always kept clean and dry noting that  
6 even residents who are not formally receiving services are supported. If grooming is needed staff  
7 address residents promptly. Additionally, the facility is responsible for ensuring residents are cared for  
8 appropriately.

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10 Interview with Staff #1 (S1) revealed that on 12/13/2025 R1 had a meal tray delivered to their room. R1  
11 was congested, not breathing well and their oxygen level was at 88. 911 was called. R1 was seated in a  
12 recliner chair. R1 was not soiled and remained dry throughout the incident and upon leaving the facility.  
13 R1 did not smell of mal odor.

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15 Interviews with residents revealed that they are assisted by facility staff. To their knowledge they have  
16 not experienced or witnessed other residents being unkept, soiled, or smell of mal odor.

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18 Interview with family visitor revealed that for the past four (4) months they have visited the facility  
19 regularly, unannounced at different times during the day. They have never had any problems or  
20 concerns with the quality of care. They have not experienced or witnessed residents being unkept,  
21 soiled, or smell of mal odor.

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23 Record review revealed that R1 moved into the facility on 07/01/2025. R1 physician report dated  
24 06/27/2025 indicated that R1 was diagnosed with Mild Cognitive Impairment (MCI), R1 does not have  
25 any bowel or bladder impairments, R1 is able to communicate needs, and R1 has the capacity for self-  
26 care. R1's LIC 9172 – Functional Capability Assessment indicates that R1 can conduct Activities of Daily  
27 Living (ADL's) on their own with no assistance. Additionally, R1's care plan indicates R1 is fully  
28 independent. Although the allegations may have happened or are valid, there is insufficient evidence to  
29 prove the alleged violations did or did not occur. Therefore, the allegations of Staff does not ensure  
30 resident is kept clean and dry at all times, and Staff does not ensure resident is kept free of mal odors  
31 are deemed **unsubstantiated** at this time.

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Exit interview conducted. Report was reviewed and a copy was provided.

**SUPERVISORS NAME:** Kasandra Lopez**LICENSING EVALUATOR NAME:** Erica Mosley**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/29/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/29/2026