

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565850111
Report Date: 07/17/2025
Date Signed: 07/17/2025 04:08:49 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/20/2025** and conducted by Evaluator Teresa Camara

	COMPLAINT CONTROL NUMBER: 29-AS-20250620120900
--	---

FACILITY NAME: LEXINGTON ASSISTED LIVING	FACILITY NUMBER: 565850111
ADMINISTRATOR: JILL MORRIS CHAPMAN	FACILITY TYPE: 740
ADDRESS: 5440 RALSTON ST	TELEPHONE: (805) 644-6710
CITY: VENTURA	STATE: CA
CAPACITY: 125	ZIP CODE: 93003
MET WITH: Joanna Enriques, Interim ED	CENSUS: 68
	DATE: 07/17/2025
	UNANNOUNCED TIME BEGAN: 11:30 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Facility staff did not assist resident with hygiene as needed
2	Facility staff did not assist resident with medical care as needed
3	Facility staff maintained a resident beyond their level of care
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Teresa Camara conducted a subsequent complaint investigation visit
2	regarding the above noted allegation. LPA met with Interim Executive Director (ED) Joanna Enriques and
3	Clinical Director Davi Rivas, RN, and explained the reason for the visit.
4	
5	
6	On 6/26/2025, LPA conducted the initial complaint investigation visit and reviewed pertinent documents.
7	On 7/10/2025, LPA reviewed further documents, interviewed the Clinical Director, and interviewed
8	Resident 1 (R1) at the adjacent skilled nursing facility.
9	
10	
11	(continued on LIC9099C)
12	
13	

Unsubstantiated

Estimated Days of Completion:

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

DATE: 07/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/17/2025

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

Control Number 29-AS-20250620120900

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: LEXINGTON ASSISTED LIVING

FACILITY NUMBER: 565850111

VISIT DATE: 07/17/2025

NARRATIVE

1 (continued from LIC9099)

2

3 Regarding the allegations "Facility staff did not assist resident with hygiene as needed" and "Facility
4 maintained a resident beyond their level of care": R1 has a healing wound which is not related to a
5 pressure injury. Due to the type of wound, it can result in tissue breakdown which may cause a release
6 of volatile compounds sometimes creating a strong odor. The facility staff followed physicians' orders to
7 keep the wound covered, however the smell was sometimes offensive. Residential Care Facilities can
8 keep residents who have healing wounds not caused by pressure. R1 was receiving home health
9 services for the wound care. In addition, R1 was on a shower schedule of two days per week. R1 would
10 occasionally refuse assistance with showers which is noted in the facility's records. Based on this
11 information, these allegations are deemed UNSUBSTANTIATED at this time.

12

13 Regarding the allegation "Facility staff did not assist resident with medical care as needed": The Clinical
14 Director was working with R1's representative to get R1 to a physician to further address the care
15 needed for the wound on R1's head. R1's primary physician referred R1 to a dermatologist. The
16 dermatologist told R1 and their representative they could not treat the wound and R1 would need to see
17 a plastic surgeon. The dermatologist did address other skin concerns and R1 visited the dermatologist
18 four times over a four month period. During that time, R1's representative and the Clinical Director made
19 attempts to find a plastic surgeon that would accept R1's insurance. On 5/9/2025, R1 was sent to a local
20 hospital and then to a skilled nursing facility (SNF). When visiting with R1 on 7/10/2025, the wound was
21 completely covered but there was still some odor. R1 stated they were unhappy staying at the SNF and
22 they preferred the care they received at the facility. R1 felt their medical needs were addressed by the
23 facility staff and did not have any complaints. Based on these observations and interviews, this
24 allegation is deemed UNSUBSTANTIATED at this time.

25

26 No deficiencies cited. Exit interview conducted and report issued.

27

28

29

30

31

32

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

DATE: 07/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/17/2025