

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 565850111  
Report Date: 03/18/2026  
Date Signed: 03/18/2026 04:07:54 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/10/2026** and conducted by Evaluator Kelly Dulek

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20260310104054</b>
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<b>FACILITY NAME:</b> LEXINGTON ASSISTED LIVING	<b>FACILITY NUMBER:</b> 565850111
<b>ADMINISTRATOR:</b> JONATHAN WHEELER	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 5440 RALSTON ST	<b>TELEPHONE:</b> (805) 644-6710
<b>CITY:</b> VENTURA	<b>ZIP CODE:</b> 93003
<b>CAPACITY:</b> 125	<b>DATE:</b> 03/18/2026
<b>MET WITH:</b> Jonathan Wheeler	<b>UNANNOUNCED TIME BEGAN:</b> 11:57 AM
	<b>TIME COMPLETED:</b> 04:15 PM

### ALLEGATION(S):

1	Staff did not properly check on resident
2	Staff did not ensure resident was given food
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kelly Dulek conducted an initial complaint investigation visit regarding the above allegations. LPA met with Executive Director (ED) Jonathan Wheeler and explained the reason for today's visit. Entrance interview conducted.
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5	During today's visit, LPA interviewed management at 12:10PM, toured the facility with the ED at 12:44PM, interviewed staff at 01:11PM and from 02:20PM to 03:34PM, interviewed Resident #1 (R1) at 02:00PM, and reviewed and obtained copies of relevant documents. The following was then determined:
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9	The complaint alleges that facility staff did not check on R1 for a period of time, leaving the resident in their room unattended. LPA reviewed R1's medical assessment and care plan, both of which indicate R1 is bedbound and requires assistance with repositioning. In R1's room, LPA observed a repositioning log, which staff fills out when they assist R1 with repositioning. The log for the current week was observed to
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12	
13	Report Continued on LIC 9099-C

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Kristin Heffernan  
**LICENSING EVALUATOR NAME:** Kelly Dulek  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/18/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/18/2026

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-20260310104054

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:** LEXINGTON ASSISTED LIVING

**FACILITY NUMBER:** 565850111

**VISIT DATE:** 03/18/2026

### NARRATIVE

1 be complete. Resident and staff interviews revealed that R1 is checked on and repositioned about every  
2 two (2) hours during the day and night. Interviews revealed there has not been a time when staff did not  
3 check on R1 or that any other resident reported they were not checked on timely. R1 indicated they  
4 have a call button to push if assistance is needed and that staff respond fairly quickly. The information  
5 obtained during the investigation did not include sufficient evidence to corroborate the allegation.  
6 Although the allegation may have happened or is valid, there is not sufficient evidence to prove the  
7 alleged violation did or did not occur, therefore the allegation is deemed UNSUBSTANTIATED at this  
8 time.

9  
10 Regarding the allegation "staff did not ensure resident was given food," it was alleged that R1's food  
11 was not delivered to their room. Interviews revealed that R1 is on tray service, as R1 is bed-bound.  
12 When R1 first moved in, there was one (1) occasion where R1's tray was brought to their room, but R1  
13 did not wish to eat at that time and the tray was removed from R1's room prior to R1 eating. However,  
14 R1 indicated this was resolved and there have been no concerns related to their meals since. During  
15 today's visit, LPA observed R1 with their tray on the bedside table and R1 was eating and drinking. Staff  
16 interviewed indicated that either dining staff or caregiving staff, whichever is available earliest, delivers  
17 meals to the residents who are on tray service. Caregiving staff will then collect trays from the residents  
18 upon meal completion. Interviews revealed there has never been a time any resident did not receive a  
19 meal. The information obtained during the investigation did not include sufficient evidence to corroborate  
20 the allegation. Although the allegation may have happened or is valid, there is not sufficient evidence to  
21 prove the alleged violation did or did not occur, therefore the allegation is deemed UNSUBSTANTIATED  
22 at this time.

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24 No citations issued. Exit interview conducted. A copy of today's report was provided.  
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**SUPERVISORS NAME:** Kristin Heffernan  
**LICENSING EVALUATOR NAME:** Kelly Dulek  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/18/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/18/2026

LIC9099 (FAS) - (06/04)

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