

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565850555

Report Date: 02/03/2026

Date Signed: 02/03/2026 03:32:51 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 **01/26/2026** and conducted by Evaluator Kelly Dulek

	COMPLAINT CONTROL NUMBER: 29-AS-20260126140448
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FACILITY NAME: CYPRESS PLACE ASSISTED LIVING	FACILITY NUMBER: 565850555
ADMINISTRATOR: ROZANER, GINA	FACILITY TYPE: 740
ADDRESS: 1200 CYPRESS POINT LANE	TELEPHONE: (805) 650-6000
CITY: VENTURA	ZIP CODE: 93003
CAPACITY: 89	DATE: 02/03/2026
MET WITH: Gina Rozaner, Executive Director	UNANNOUNCED TIME BEGAN: 09:43 AM
	TIME COMPLETED: 03:45 PM

ALLEGATION(S):

1	Staff yelled at resident
2	Staff did not comply with infection control requirements
3	Staff did not protect food from contamination
4	Staff did not properly address roaches in the facility
5	Staff did not ensure hazardous items were inaccessible to residents
6	Staff did not allow residents to participate in planned activities
7	Staff did not allow residents to attend religious services
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kelly Dulek conducted an unannounced initial complaint visit regarding the above noted allegations. LPA was greeted by the front desk staff and met with Executive Director
2	(ED) Gina Rozaner. LPA explained the purpose of the visit. Entrance interview conducted.
3	
4	
5	During today's visit, LPA interviewed ED and Director of Wellness at 09:47AM, interviewed Memory Care
6	Director at 10:01AM, toured the facility's Memory Care unit with management at 10:25AM, conducted five
7	(5) staff and four (4) resident interviews from 10:36AM to 02:17PM. LPA also reviewed and obtained
8	copies of pertinent documents. The following was then determined:
9	
10	Report Continued on LIC 9099-C (p. 2)
11	
12	
13	

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

DATE: 02/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/03/2026

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-20260126140448

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: CYPRESS PLACE ASSISTED LIVING

FACILITY NUMBER: 565850555

VISIT DATE: 02/03/2026

NARRATIVE

1 Allegation "Staff yelled at resident:"

2

3 The complaint alleges that on 01/01/2026, staff in the facility's memory care unit was heard yelling at a
4 resident from across the room. Interviews with both staff and residents revealed that the staff are nice
5 and very caring. No staff nor resident interviewed has ever observed any staff being disrespectful, rude,
6 or yelling at any residents. One resident indicated they believe the staff is excellent, friendly, and they
7 care. Management did indicate that particularly in Memory Care, there are some more impulsive
8 residents and that the staff keep a close eye on those residents for their safety. There have been
9 occasions where a resident began to get up and the staff have called the resident's name in an attempt
10 to get their attention. The staff were trying to get the attention of a particular resident in a positive way,
11 not anything such as yelling or disrespectful tone. Based on the information obtained during the
12 investigation, the Department does not have sufficient evidence to corroborate the allegation. Although
13 the allegation may have happened or is valid, there is not a preponderance of evidence to prove the
14 alleged violation did or did not occur, therefore the above allegation is deemed UNSUBSTANTIATED at
15 this time.

16

17 Allegation "Staff did not comply with infection control requirements:"

18

19 The complaint alleges resident wheelchairs are left unsanitary with food and feces and the memory care
20 kitchen area is left unsanitary. During the facility tour, LPA observed the facility kitchen, resident
21 wheelchairs and LPA took photographs. The kitchen area appeared to be relatively clean and the
22 kitchen area is inaccessible to residents in care. The facility does have an infection control plan, which
23 was reviewed with facility staff in December 2025 during the facility's staff meeting. Interviews revealed
24 the facility is prompt in cleaning up any spills and taking action to ensure the facility remains clean and
25 sanitary. Staff interviewed indicated that the protocol differs, depending on the cleaning and sanitization
26 needed. If a resident is bleeding, the medication technician is called for assistance, and the med tech
27 cleans up the blood before the housekeeping staff sanitize the area. In the case of urine or feces, the
28 care staff will clean the resident and their wheelchair/chair if needed. If there is urine or feces on the
29 floor, housekeeping staff clean and sanitize the floor. Based on the information obtained during the
30 investigation, the Department does not have sufficient evidence to corroborate the allegation. Although
31 the allegation may have happened or is valid, there is not a preponderance of evidence to prove the
32 alleged violation did or did not occur, therefore the above allegation is deemed UNSUBSTANTIATED at
this time.

Report Continued on LIC 9099-C (p.3)

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

DATE: 02/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/03/2026

LIC9099 (FAS) - (06/04)

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Control Number 29-AS-20260126140448

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: CYPRESS PLACE ASSISTED LIVING

FACILITY NUMBER: 565850555

VISIT DATE: 02/03/2026

NARRATIVE1 Allegation "Staff did not protect food from contamination:"

2

3 It was alleged that food is left out uncovered in the Memory Care kitchen area. LPA observed the
4 memory care kitchen during the facility tour and did not observe any food left out on the counters. The
5 facility has warming trays in the memory care kitchen, which were not being utilized at the time of the
6 tour. Staff interviews revealed that food is prepared in the main kitchen area then delivered to the
7 Memory Care unit. One (1) of the memory care staff puts the food into the covered warmers and plates
8 the food for the residents. When residents are done eating, the plates are cleared, food is cleaned up,
9 and the Memory Care staff return the cart, including all dishes and any remaining food, to the main
10 kitchen. LPA observed some food in the refrigerator in the Memory Care unit, which was covered and
11 labeled per regulation. Interview with staff and residents revealed no one has seen food left out in the
12 Memory Care unit. Based on the information obtained during the investigation, the Department does not
13 have sufficient evidence to corroborate the allegation. Although the allegation may have happened or is
14 valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur,
15 therefore the above allegation is deemed UNSUBSTANTIATED at this time.

16

17 Allegation "Staff did not properly address roaches in the facility:"

18

19 The complainant indicated roaches were observed in the Memory Care kitchen area, was reported to
20 management, and was not addressed. Interview with staff revealed that there was one (1) person who
21 indicated they saw a roach. Maintenance staff opened all the kitchen cabinets and drawers, looked
22 behind the refrigerator and all other moveable items and did not observe any evidence of an infestation.
23 The facility has a contracted pest control company that provides regular preventative service each
24 month, which was last completed 01/28/2026. As a result of the report made to management regarding
25 an observed roach, the pest company added an additional treatment (roach gel) for the Memory Care
26 kitchen during the recent visit and noted on the report "no activity found inside while performing service."
27 Interview with staff and residents revealed there have been no direct observations nor any evidence of
28 pests in the facility. During today's facility tour, LPA did not observe any evidence of pest infestation in
29 the facility. Based on the information obtained during the investigation, the Department does not have
30 sufficient evidence to corroborate the allegation. Although the allegation may have happened or is valid,
31 there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the
32 above 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: 02/03/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/03/2026

LIC9099 (FAS) - (06/04)

Page: 3 of 5

Control Number 29-AS-20260126140448

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: CYPRESS PLACE ASSISTED LIVING

FACILITY NUMBER: 565850555

VISIT DATE: 02/03/2026

NARRATIVE1 Allegation "Staff did not ensure hazardous items were inaccessible to residents:"

2

3 The complaint alleges that cleaning supplies and scissors were left accessible to residents in the
4 Memory Care kitchen area and personal items have been left unlocked in resident rooms. During facility
5 tour, LPA noted the Memory Care kitchen has a gate at the entry, which was observed to be latched

6 shut. LPA did observe a pair of scissors in a drawer in the kitchen, but the kitchen area was inaccessible
7 to residents. No cleaning supplies or hazardous personal items were observed accessible during facility
8 tour. Management indicated that all grooming and hygiene items are locked, due to facility policy, but
9 indicated that no residents are at risk if allowed access to these types of items. Based on the information
10 obtained during the investigation, the Department does not have sufficient evidence to corroborate the
11 allegation. Although the allegation may have happened or is valid, there is not a preponderance of
12 evidence to prove the alleged violation did or did not occur, therefore the above allegation is deemed
13 UNSUBSTANTIATED at this time.

14
15 Allegation "Staff did not allow residents to participate in planned activities:"

16
17 The complaint alleges that particularly on Sundays and Mondays that the residents in Memory Care
18 (MC) are not offered activities. LPA interviewed the facility's activity staff for Memory Care, who works
19 Tuesday through Saturday as well as the Memory Care Director who works Sunday through Thursday.
20 Management indicated that when the activity staff is scheduled out, the Memory Care Director assists
21 with activities, as do all care staff. LPA obtained a copy of the Memory Care activity schedule, which
22 shows a variety of activities offered to residents throughout the day every day. There are activities in the
23 Assisted Living (AL) side of the facility that Memory Care staff escort the residents to. Residents
24 interviewed stated there are activities offered to those who choose to engage, but they are never forced
25 to attend activities. Activities include but are not limited to: arts and crafts, exercise, puzzles, games,
26 sing along, and religious services. Management did acknowledge there was a time recently when many
27 Memory Care residents were ill and chose not to participate in the activities offered due to their illness.
28 But typically, many residents do participate and seem to enjoy the activities offered. Based on the
29 information obtained during the investigation, the Department does not have sufficient evidence to
30 corroborate the allegation. Although the allegation may have happened or is valid, there is not a
31 preponderance of evidence to prove the alleged violation did or did not occur, therefore the above
32 allegation is deemed UNSUBSTANTIATED at this time.

Report Continued on LIC 9099-C (p. 5)

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LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 02/03/2026

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FACILITY NAME: CYPRESS PLACE ASSISTED LIVING

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VISIT DATE: 02/03/2026

NARRATIVE

1 Allegation "Staff did not allow residents to attend religious services:"
2
3 The complaint alleges that residents are denied mass on Sundays. LPA observed the activity schedule
4 to include Catholic mass scheduled each Friday at 10:00AM. Additionally, there is a church service listed
5 every Sunday at 03:00PM. Residents and staff interviewed indicated all residents in the facility, including
6 those in the Independent Living, Assisted Living, and Memory Care are offered an outdoor church
7 service on Sundays in partnership with Jubilee Church. Interviews revealed that there has never been a
8 time when attending these services was denied. Additionally, residents are free to leave the facility with
9 a family member at any time to attend other religious services of their choosing. Based on the
10 information obtained during the investigation, the Department does not have sufficient evidence to
11 corroborate the allegation. Although the allegation may have happened or is valid, there is not a
12 preponderance of evidence to prove the alleged violation did or did not occur, therefore the above
13 allegation is deemed UNSUBSTANTIATED at this time.
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15 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: 02/03/2026

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