

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565850615

Report Date: 10/27/2025

Date Signed: 10/27/2025 04:37:26 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMPLAINT INVESTIGATION REPORT	COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/20/2025** and conducted by Evaluator Kelly Dulek

	COMPLAINT CONTROL NUMBER: 29-AS-20251020120807
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FACILITY NAME: PALMS AT BONAVENTURE, THE	FACILITY NUMBER: 565850615
ADMINISTRATOR: MCCAULEY, BRANDY	FACILITY TYPE: 740
ADDRESS: 111 NORTH WELLS ROAD	TELEPHONE: (805) 647-0616
CITY: VENTURA	ZIP CODE: 93004
CAPACITY: 121	DATE: 10/27/2025
STATE: CA	UNANNOUNCED TIME BEGAN: 01:30 PM
CENSUS: 101	COMPLETED: 04:45 PM
MET WITH: Harmony Langarica, Senior Business Office Director	

ALLEGATION(S):

1	Staff do not maintain facility sanitary
2	Staff did not provide a safe environment for resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kelly Dulek conducted an unannounced subsequent complaint visit at this facility today. At 01:30PM, the LPA met with facility staff and explained the reason for the visit. Facility
2	staff indicated Executive Director is not available for today's visit. At 01:35PM, LPA met with Harmony
3	Langarica, Senior Business Office Director. Entrance interview conducted.
4	On 10/20/2025, the Department received a complaint for the above allegations, however, the complaint
5	was created under the incorrect license number. The complaint is regarding allegations from December
6	2024. The facility underwent a change of ownership and a new license was issued on 05/25/2025. A new
7	complaint has since been generated under the correct license number. During the initial visit conducted
8	on 10/23/2025 between 9:40 a.m. and 2:05 p.m., LPA Emily Peraldi conducted a physical plant tour and
9	interviews with the ED, and six (6) staff. LPA Peraldi also obtained copies of pertinent documents. Based
10	on the information obtained, the above allegations are deemed Unfounded at this time. A finding of
11	unfounded means that the allegation is either false, could not have happened, and/or is without a
12	reasonable basis.
13	Exit interview conducted. A copy of the report was provided.

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

DATE: 10/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/27/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.