

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 191500496  
Report Date: 06/11/2024  
Date Signed: 06/11/2024 11:23:04 AM

**Unsubstantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/03/2024** and conducted by Evaluator Mary G Flores

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 28-AS-20240603153809</b>
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<b>FACILITY NAME:</b> MOUNT SAN ANTONIO GARDENS	<b>FACILITY NUMBER:</b> 191500496
<b>ADMINISTRATOR:</b> JOYCE FREMPONG	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 900 EAST HARRISON AVENUE	<b>TELEPHONE:</b> (909) 624-5061
<b>CITY:</b> POMONA	<b>STATE:</b> CA <b>ZIP CODE:</b> 91767
<b>CAPACITY:</b> 520	<b>CENSUS:</b> 452 <b>DATE:</b> 06/11/2024
<b>MET WITH:</b> Joyce Frempong - Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 08:54 AM
	<b>TIME COMPLETED:</b> 11:37 AM

**ALLEGATION(S):**

1	Staff did not ensure to provide a safe environment in the dining room
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Mary Flores conducted an unannounced complaint investigation visit
2	regarding the above allegation. LPA met with Joyce Frempong and explained the reason for the visit.
3	
4	The investigation consisted of the following: LPA requested a copy of staff and resident roster. LPA
5	interviewed 8 residents and 6 staff and conducted a tour of the dining room.
6	
7	The investigation revealed the following: Regarding allegation: Staff did not ensure to provide a safe
8	environment in the dining room. It is alleged residents had hot coffee spill on them due to coffee cup lids
9	not fitting properly. During tour of the dining room, LPA observed a coffee station, which provides
10	disposable cups and lids next to their self-serve coffee machine. Staff place a lid over a coffee cup which
11	closed and fit properly. Interviews conducted revealed 8 out of 8 residents stated they feel safe at the
12	facility, facility provides a safe environment throughout, and in the dining room. (CONTINUED ON LIC
13	9099C)

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Tony Vasallo  
**NAME OF LICENSING PROGRAM ANALYST:** Mary G Flores  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 06/11/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 06/11/2024

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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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
GREATER LA AC/SC, 1000 CORPORATE CNTR  
DR. ST 500  
MONTEREY PARK, CA 91754

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** MOUNT SAN ANTONIO GARDENS

**FACILITY NUMBER:** 191500496

**VISIT DATE:** 06/11/2024

### NARRATIVE

1 Per residents they have not have any issues with the coffee cups or lids and have not observed any  
 2 resident spill coffee or hot beverages on themselves due to the coffee lids not fitting on the coffee cups.  
 3 Interviews with staff revealed 6 out of 6 staff have not observed any residents spill coffee on themselves,  
 4 residents have not notified staff regarding spilling coffee or hot beverages on themselves. Per  
 5 administrator, there haven't been any incidents in which residents have spills coffee or a hot beverage  
 6 on themselves that may have been reported or needed first aid/medical care. Executive chef, who  
 7 oversees ordering kitchen supplies, explained that recently the distributor changed their coffee cups in  
 8 their delivery order, once staff became aware of lids not fitting cups properly, new lids were order. The  
 9 change of cups and lids has been done in the last 7 days and there are no current issues. Per staff the  
 10 new lids were order within 24 hours from the moment they became aware of the issue.  
 11 Although the allegation may have happened or is valid, there is not a preponderance of evidence to  
 12 prove the alleged violation(s) did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.  
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 14 Exit interview was conducted with Joyce Frempong and a copy of this report was provided.  
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**NAME OF LICENSING PROGRAM MANAGER:** Tony Vasallo  
**NAME OF LICENSING PROGRAM ANALYST:** Mary G Flores  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 06/11/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 06/11/2024