

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 191500609

Report Date: 01/05/2026

Date Signed: 01/05/2026 06:05:45 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/13/2025** and conducted by Evaluator Cynthia D Chan

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20250613081850
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FACILITY NAME: SAN DIMAS RETIREMENT CENTER	FACILITY NUMBER: 191500609
ADMINISTRATOR: PRISCILLA GAYTAN	FACILITY TYPE: 740
ADDRESS: 834 WEST ARROW HIGHWAY	TELEPHONE: (909) 599-8441
CITY: SAN DIMAS	ZIP CODE: 91773
CAPACITY: 343	DATE: 01/05/2026
MET WITH: Anne Graves, LVN	UNANNOUNCED TIME BEGAN: 09:10 AM
	TIME COMPLETED: 02:15 PM

ALLEGATION(S):

1	Due to lack of supervision, resident touched another resident inappropriately.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Cynthia Chan conducted a subsequent visit to continue the
2	investigation for the allegation listed above. LPA arrived unannounced and met with Staff, Anne Graves.
3	The purpose of the visit was explained.
4	
5	The investigation consisted of the following:
6	On 6/19/25, LPA S. Vaid conducted the initial visit and obtained the following documents: residents' ID
7	and emergency information, physicians' medical report, medications list, admissions agreement, and
8	house rules. During the visit today, LPA Chan interviewed seven (7) staff and eleven (11) residents.
9	Administrator K. Meacham was interviewed via telephone.
10	
11	
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Cynthia D Chan
LICENSING EVALUATOR SIGNATURE: _____
DATE: 01/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 01/05/2026

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 28-AS-20250613081850

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SAN DIMAS RETIREMENT CENTER **FACILITY NUMBER:** 191500609
VISIT DATE: 01/05/2026

NARRATIVE

1 The investigation revealed the following:
2 Allegation - Due to lack of supervision, resident touched another resident inappropriately. It is alleged
3 that Resident #1 (R1) was touched by Resident #2 (R2), who grabbed R1 by the breast, kissed, and
4 forced the tongue down R1's throat. LPA obtained and reviewed both residents' files. The facility had
5 completed an incident report for this alleged incident and sent it to licensing. It was noted that R1
6 reported that R2 had grabbed the breast and tried to kiss the resident by forcing the tongue into the
7 mouth. R1 stated there were no witnesses, did not recall the date and time, and did not want to call the
8 police. R2 was interviewed by the administrator who denied touching or kissing R1. LPA interviewed the
9 administrator and seven (7) staff. The administrator stated that R1 had reported the incident and
10 followed up on the case in which there was no evidence to support it. Staff stated that they are always
11 supervising the residents to ensure their safety. Staff have never seen R2 behaving inappropriately at
12 the facility. Staff have not seen R1 and R2 communicating with each other, having any type of
13 relationship, or going to each other's rooms. Staff are aware that R1 is a smoker and have heard that R1
14 likes to ask for cigarettes from other smokers.
15
16 LPA interviewed Residents #1 - #11. The alleged perpetrator denied kissing or touching R1. R1 stated
17 the incident occurred in R2's room and nobody witnessed it. Other residents interviewed have not
18 observed any residents inappropriately touching or kissing anyone. Residents feel safe at the facility and
19 most state that staff monitor residents throughout the day and will intervene when necessary. Based on
20 the information gathered, there were no witnesses who observed this incident, and no reports of R2
21 engaging in this type of behavior in the past, which requires an increase of supervision. LPA did not find
22 sufficient evidence to support this allegation.
23
24 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
25 prove the alleged violation did or did not occur; therefore, the allegation is UNSUBSTANTIATED.
26
27 An exit interview was conducted with Anne Graves. A copy of this report, along with the appeal rights,
28 was provided.
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SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Cynthia D Chan
LICENSING EVALUATOR SIGNATURE: _____
DATE: 01/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 01/05/2026