

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 191500609
Report Date: 08/13/2026
Date Signed: 08/14/2026 07:58:28 AM

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 07/13/2026 and conducted by Evaluator Gabriela Castro

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260713192219
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FACILITY NAME: SAN DIMAS RETIREMENT CENTER		FACILITY NUMBER: 191500609
ADMINISTRATOR: PRISCILLA GAYTAN		FACILITY TYPE: 740
ADDRESS: 834 WEST ARROW HIGHWAY	STATE: CA	TELEPHONE: (909) 599-8441
CITY: SAN DIMAS	CENSUS: 107	ZIP CODE: 91773
CAPACITY: 343	UNANNOUNCED	DATE: 08/13/2026
MET WITH: Erica Paredes, Med Tech		TIME BEGAN: 10:05 PM
		TIME COMPLETED: 11:59 PM

ALLEGATION(S):

1	Facility is understaffed.
2	Facility does not purchase diapers for residents.
3	Facility has pests.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Gabriela Castro conducted an unannounced complaint investigation
2	visit on 08/13/2026 to deliver findings regarding the above allegations. LPA met with Erica Paredes, Med
3	Tech and explained the purpose of the visit.
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5	The investigation included a review of the facility's resident roster, staff roster, staffing schedules and
6	assignment sheets for all shifts, with emphasis on the PM and NOC shifts, as well as pest control
7	invoices and treatment records related to reported pest activity. LPA conducted interviews with nine
8	residents (R1–R9) and twelve staff members (S1–S12) during both daytime and NOC shift hours. LPA
9	also contacted the facility's pest control provider, Orkin, to verify the frequency of pest control services.
10	Additionally, LPA conducted facility tours and observations during both daytime and NOC shift hours to
11	assess staffing levels, resident care and supervision, staff response to resident needs, the availability of
12	incontinence supplies, and the overall cleanliness and sanitary condition of resident rooms, common
13	areas, the kitchen, dining room, hallways, and storage areas for evidence of pest activity. (continued on 809C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: David Sicairos	
LICENSING EVALUATOR NAME: Gabriela Castro	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/13/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/13/2026

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 3
Control Number 28-AS-20260713192219

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SAN DIMAS RETIREMENT CENTER	FACILITY NUMBER: 191500609
	VISIT DATE: 08/13/2026

NARRATIVE	
1	<u>Allegation: Facility is understaffed.</u>
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3	It is alleged that the facility does not have sufficient staff to meet residents' care and supervision needs,
4	particularly during the PM and night shifts, resulting in delays in resident care. During the investigation,
5	LPA conducted interviews and facility visits during both daytime and NOC shift hours to assess staffing
6	levels and resident care across different shifts. Staff provided varying information regarding staffing.
7	Some staff stated that staffing is sufficient to meet residents' needs, while others reported that additional
8	staff would be beneficial, particularly during the PM and NOC shifts. Staff stated that unexpected call-
9	offs can result in residents waiting longer for assistance. Staff also reported that the facility utilizes
10	registry staff when additional coverage is needed and is actively recruiting and hiring additional staff.
11	During resident interviews, the majority of residents reported experiencing delays in care, particularly
12	during the evening shift, and expressed that the facility appears to be short-staffed. Residents generally
13	reported that staff eventually respond and provide the requested assistance; however, response times
14	can be lengthy. LPA conducted observations during both daytime and NOC shift visits. During the NOC
15	shift, LPA observed two caregivers assigned to Assisted Living and two caregivers assigned to Memory
16	Care, with one medication technician monitoring the switchboard and resident call lights. LPA observed
17	staff actively working and available to respond to resident needs. NOC staff interviewed reported that
18	the shift is generally quiet, the workload is manageable, and the current staffing level is sufficient to
19	meet residents' needs.
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21	<u>Allegation: Facility does not purchase diapers for residents.</u>
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24	It is alleged that the facility does not purchase diapers for residents, requiring family members to provide
25	diapers while the facility primarily provides pull-ups. During interviews, staff stated that the facility
26	manages residents' day-to-day incontinence supply needs based on each resident's individual
27	circumstances. Some residents receive diapers automatically through their insurance, while some
28	families choose to purchase diapers for their residents based on preference. Staff stated that when
29	additional supplies are needed, the facility assists with obtaining diapers and maintains donated
30	supplies for immediate use. During resident interviews, some residents stated that their families
31	purchase their diapers, while others reported receiving diapers through their insurance and had boxes of
32	supplies available in their rooms. Other residents stated that the facility assists them with obtaining
	diapers when needed. During the facility tour, LPA observed a supply room containing donated diapers
	in various sizes available for residents as needed.
	(continued on 809C)

SUPERVISORS NAME: David Sicairos	
LICENSING EVALUATOR NAME: Gabriela Castro	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/13/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/13/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** SAN DIMAS RETIREMENT CENTER**FACILITY NUMBER:** 191500609**VISIT DATE:** 08/13/2026**NARRATIVE****1 Allegation: Facility has pests.**

2
3 It is alleged that the facility has a roach infestation, with roaches observed in resident rooms, hallways,
4 the cafeteria, elevator, and other areas of the facility. During staff interviews, multiple staff reported
5 observing roaches in resident rooms, hallways, the elevator, and other areas of the facility. Maintenance
6 staff acknowledged receiving complaints regarding roaches and stated that pest control services are
7 conducted every Friday. During resident interviews, some residents reported observing roaches, while
8 others stated they had not observed any.. During record review, LPA reviewed over six months of pest
9 control treatment records from Orkin LPA also contacted Orkin and confirmed that weekly pest control
10 services began in March 2026 and have continued as part of the facility's efforts to address and control
11 pest activity.

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13 Based on the investigation conducted, which included interviews with staff, witnesses, and residents, as
14 well as a review of relevant records, there was insufficient evidence to support the reported allegation.
15 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
16 prove the alleged violation did or did not occur, therefore the allegation is **UNSUBSTANTIATED**. Exit
17 interview was held, and a copy of this report was provided.

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SUPERVISORS NAME: David Sicairos**LICENSING EVALUATOR NAME:** Gabriela Castro**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/13/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/13/2026