

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 191592479  
Report Date: 07/14/2023  
Date Signed: 07/14/2023 04:53:42 PM

## Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **07/05/2023** and conducted by Evaluator Bonnie Tao

	<b>COMPLAINT CONTROL NUMBER: 28-AS-20230705160321</b>
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<b>FACILITY NAME:</b> ATRIA COVINA	<b>FACILITY NUMBER:</b> 191592479
<b>ADMINISTRATOR:</b> ALONDRA FUENTES	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 825 W SAN BERNARDINO RD	<b>TELEPHONE:</b> (626) 967-9621
<b>CITY:</b> COVINA	<b>STATE:</b> CA <b>ZIP CODE:</b> 91722
<b>CAPACITY:</b> 90	<b>CENSUS:</b> 63 <b>DATE:</b> 07/14/2023
<b>MET WITH:</b> Alondra Fuentes, administrator	<b>UNANNOUNCED TIME BEGAN:</b> 01:00 PM
	<b>TIME COMPLETED:</b> 05:00 PM

### ALLEGATION(S):

1	Staff abused resident while in care.
2	Staff failed to provide adequate food service.
3	Staff isolated resident in resident's room
4	
5	
6	
7	
8	
9	

### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Tao conducted an unannounced complaint investigation for the
2	allegations listed above today. During today's visit, LPA met with Alondra Fuentes, administrator upon
3	arrival. LPA explained the purpose of today's visit to staff.
4	
5	Investigation consisted of the following: interviews of staff from Staff #1 (S1) through Staff #4 (S4);
6	interviews of residents from resident#1 (R1) through resident #7 (R7); reviewed resident#1's record
7	reviews, and a facility tour. LPA obtained copies of the staff and resident rosters, resident#1's files and
8	documents with relevant information.
9	
10	In regard of the allegation, "staff abused resident while in care," it was alleged that resident#1 (R1) was
11	abused by staff since resident had not paid rent for months.
12	
13	(-continued in LIC 9099 C-)

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Fernando Fierros  
**NAME OF LICENSING PROGRAM ANALYST:** Bonnie Tao  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/14/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/14/2023

**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 28-AS-20230705160321**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500  
MONTEREY PARK, CA 91754

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

**FACILITY NAME:** ATRIA COVINA

**FACILITY NUMBER:** 191592479

**VISIT DATE:** 07/14/2023

**NARRATIVE**

1 The investigation revealed the following: Per R1's interview, staff abused R1 due to R1's rent had not  
2 paid rent for months. Per interviews of other residents, six (6) out of seven (7) residents interviewed  
3 could not corroborate the allegation. Resident interviews revealed that staff did not abuse residents. All  
4 four (4) staff who were interviewed denied the allegation. Staff interviews revealed facility had policy on  
5 resident abuses and in service training to ensure residents' right. Staff would be reported and terminated  
6 if abused residents. Therefore, staff did not abuse resident while in care.  
7  
8 In regard of the allegation, "staff failed to provide adequate food service," it was alleged that resident#1  
9 (R1) did not receive lunch and adequate food services. The investigation revealed the following: LPA  
10 interviewed R1, resident indicated facility did not provide side dishes and miss breakfast food trays  
11 sometimes. Six (6) out of seven (7) residents interviewed could not corroborate the allegation. Resident  
12 interviews revealed that residents always received three (3) meals with side dishes and drink daily.  
13 Snacks and alternate food menu were available. Six (6) out of seven (7) residents indicated they had  
14 never missed a meal. Four (4) staff who were interviewed denied the allegation. Staff interviews  
15 revealed adequate food services were provided to residents. Per file review, facility had weekly food  
16 menu and posted in kitchen. LPA toured the kitchen, LPA observed food menu posted on the kitchen  
17 wall and had 2 days of perishable food supplies with variety. Therefore, there is not preponderance  
18 evidence to prove the facility had failed to provide adequate food service.  
19  
20 In regard of the allegation, "staff isolated resident in resident's room," it was alleged that resident#1 was  
21 not allowed to be outside of resident's room or use the computer room. The investigation revealed the  
22 following: interviewed with R1, resident stated staff did not allow R1 to be outside of resident's room or  
23 use the computer room. Six (6) out of seven (7) residents interviewed could not corroborate the  
24 allegation. Resident interviews indicated residents are free to be outside and use computer room. Four  
25 (4) staff interviewed were denied the allegation. Staff interviews revealed residents had resident's rights  
26 to go to places as they wished. Per reviewing staff training records, staff had in-service training on  
27 resident rights. Therefore, facility staff did not isolate resident in resident's room.  
28  
29 Although the allegations may have happened or is valid, there is not a preponderance of evidence to  
30 prove the alleged violation did or did not occur, therefore, the allegations is UNSUBSTANTIATED.  
31  
32

**NAME OF LICENSING PROGRAM MANAGER:** Fernando Fierros  
**NAME OF LICENSING PROGRAM ANALYST:** Bonnie Tao  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/14/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/14/2023