

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 191592479

Report Date: 02/09/2026

Date Signed: 02/09/2026 12:44:42 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 **05/01/2025** and conducted by Evaluator Sanjay Vaid

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20250501163701
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FACILITY NAME: ATRIA COVINA	FACILITY NUMBER: 191592479
ADMINISTRATOR: ALONDRA FUENTES	FACILITY TYPE: 740
ADDRESS: 825 W SAN BERNARDINO RD	TELEPHONE: (626) 967-9621
CITY: COVINA	ZIP CODE: 91722
CAPACITY: 90	DATE: 02/09/2026
MET WITH: Administrator Crystene Char	UNANNOUNCED TIME BEGAN: 11:30 AM
	TIME COMPLETED: 12:10 PM

ALLEGATION(S):

1	Staff did not dispense medications to resident as prescribed.
2	Staff did not provide resident's representative with requested records in a timely manner.
3	Licensee charged resident for services not received.
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INVESTIGATION FINDINGS:

1	***This report supersedes the report delivered on 01/16/2026. The findings will remain unsubstantiated.
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4	On 01/16/26, Licensing Program Analyst (LPA) Vaid conducted a subsequential visit to deliver the findings for the above-mentioned allegations. Met with Crystene Char, toured the facility and did not observe any health and safety concerns.
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8	On 12/12/25, Licensing Program Analyst (LPA) Vaid conducted a subsequential visit to deliver the findings for the above-mentioned allegations. Met with Crystene Char, toured the facility and did not observe any health and safety concerns.
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12	On 5/6/25, Licensing Program Analyst (LPA) S Vaid conducted an initial 10-day complaint investigation visit for the above allegations. LPA met with Irina Sarkisyan, Community Business Director, Crystene Char, Administrator was notified, Administrator arrived shortly after, and complaint was discussed. LPA Vaid and Administrator Char did not observe any safety concerns during the facility tour.
13	CONTINUED ON 9099C.....

SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Sanjay Vaid
LICENSING EVALUATOR SIGNATURE:

DATE: 02/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/09/2026

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-20250501163701

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 (Cont)

FACILITY NAME: ATRIA COVINA

FACILITY NUMBER: 191592479

VISIT DATE: 02/09/2026

NARRATIVE

1 ***This report supersedes the report delivered on 01/16/2026. The findings will remain unsubstantiated.
2 ***
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4 The investigation consisted of the following: LPA toured the physical plant. LPA interviewed staff 1-7
5 (S1-S7), and residents #2-#8 (R2-R8) resident R1 is currently in skilled nursing home. LPA requested,
6 collected, and reviewed documents from R1's face sheet, physicians reports, admissions agreement,
7 preplacement Assessment, medication log MARs, list of residents' medications, plan of care and service
8 plan and copies of four (4) random residents: face sheet, physician reports, admissions agreement,
9 preplacement assessments, and medication list. Telephone contact information about staff and
10 residents. Staff and residents' rosters.

11 The investigation revealed the following:

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13 Regarding the allegation: **Staff did not dispense medications to resident as prescribed.** It is alleged
14 that the staff did not dispense and administer medications to resident#1(R1) as prescribed. Seven (7) of
15 seven (7) staff interviewed denied this allegation. Staff interviewed stated they dispensed and
16 administered R1's medication as listed on the prescribed physicians' orders received. The medications
17 not transferred from R1's previous pharmacy were communicated to R1's physician on 04/01/25 and the
18 facility pharmacy was awaiting insurance approval for the medication. Staff stated they communicated
19 the medication and pharmacy issue to R1 and their POA's to help resolve. Seven (7) of eight (8)
20 residents interviewed could not corroborate this. According to the records reviewed medication list
21 received dated 4/01/25 listed fourteen (14) medications, Nine (9) medications with four (4) PRN's and
22 one (1) medication on hold. According to records reviewed R1's pharmacy had already provided R1's
23 family with the month's medication allowance. Facility requested R1 and family bring the medication to
24 the facility. Facility made multiple attempts to notify R1's physician(s) and requested medication
25 reconciliation, no response was received. R1 moved to the facility on 04/01/25 and was admitted to the
26 hospital on 4/15/25. Records show R1 was administered medications dosage correctly from the MARs
27 log dated 04/01/25 to 04/15/25, staff dispensed and R1 was administered their medication as
28 prescribed. Based on LPAs records reviewed and interviews which were conducted. Although the
29 allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged
30 violation did or did not occur, therefore the allegation is unsubstantiated.
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CONTINUED ON 9099C.....

SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Sanjay Vaid
LICENSING EVALUATOR SIGNATURE:

DATE: 02/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/04/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: ATRIA COVINA

FACILITY NUMBER: 191592479

VISIT DATE: 02/09/2026

NARRATIVE

1 ***This report supersedes the report delivered on 01/16/2026. The findings will remain unsubstantiated.
2 ***

3
4 Regarding the allegation: **Staff did not provide resident's representative with requested records in a timely manner.** It is alleged that the staff did not provide resident #1(R1) representatives with
5 requested medication records in a timely manner. Seven (7) of seven (7) staff interviewed denied the
6 allegation. Seven (7) of eight (8) residents could not corroborate this allegation. According to staff
7 interviewed, records request is handled by the resident service director and administrator. R1's POA
8 request for records was communicated to the administrator and request for medication records was
9 provided to R1's POA within five (5) days. Request for records was made on 4/18/25 and records were
10 provided to R1's POA on 4/23/25 by the staff at Atria. Based on LPAs records reviewed and interviews
11 which were conducted. Although the allegation may have happened or is valid, there is not a
12 preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
13 unsubstantiated.
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17 Regarding the allegation: **Licensee charged resident for services not received.** It is alleged that the
18 Licensee has charged Resident #1(R1) for services not received. Resident #1 being overcharged with
19 the room rental rate, only having lived in the community for two weeks. Seven (7) of seven (7) staff
20 interviewed denied this allegation. Seven (7) of eight (8) residents could not corroborate this allegation.
21 According to record review, R1 signed and dated the admissions agreement and is therefore held
22 responsible for rental payment until the end of April. Thirty (30)day notice to leave the community was
23 sent the administrator on 4/18/25, R1 is responsible for the payment of the room rental until 05/18/25, as
24 agreed in the admissions agreement dated 03/31/2025 by R1. Based on LPAs records reviewed and
25 interviews which were conducted. Although the allegation may have happened or is valid, there is not a
26 preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
27 unsubstantiated.
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31 Exit interview was conducted and copy of these licensing report was provided to Administrator Crystene
32 Char.

SUPERVISORS NAME: Fernando Fierros

LICENSING EVALUATOR NAME: Sanjay Vaid

LICENSING EVALUATOR SIGNATURE:

DATE: 02/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/04/2026