

# Department of SOCIAL SERVICES

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

**Facility Number:** 197602345  
**Report Date:** 11/25/2025  
**Date Signed:** 11/25/2025 01:28:58 PM

### Substantiated

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 **11/06/2025** and conducted by Evaluator Alberto Lopez

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 28-AS-20251106145136
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<b>FACILITY NAME:</b> VILLA GARDENS	<b>FACILITY NUMBER:</b> 197602345
<b>ADMINISTRATOR:</b> SHAUN RUSHFORTH	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 842 EAST VILLA STREET	<b>TELEPHONE:</b> (626) 796-8162
<b>CITY:</b> PASADENA	<b>ZIP CODE:</b> 91101
<b>CAPACITY:</b> 340	<b>DATE:</b> 11/25/2025
<b>STATE:</b> CA	<b>UNANNOUNCED TIME BEGAN:</b> 09:22 AM
<b>CENSUS:</b> 19	<b>TIME COMPLETED:</b> 01:29 PM
<b>MET WITH:</b> Shaun Rushforth, Administrator and Alex Alvarado, Director of Health Services.	

**ALLEGATION(S):**

1	Staff caused injury to resident
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**INVESTIGATION FINDINGS:**

1	Licensing Program analyst (LPA) Alberto Lopez made a subsequent unannounced complaint visit to
2	investigate the above allegation. LPA met with Administrator Shaun Rushforth and discussed the purpose
3	of the visit.
4	
5	On 11/07/2025 Licensing Program Analyst (LPA) Alberto Lopez made initial 10-day complaint visit. LPA
6	met with Shaun Rushforth, Administrator and Executive Assistant Rebecca Perez, the purpose of the visit
7	was discussed with Shaun Rushforth, Administrator
8	LPA interviewed S1, and R1. Copies of staff and resident rosters obtained. Phone numbers of 2 staff. R1
9	face sheet.
10	LPA toured of memory care area of facility and did not observe any health and safety risks. No deficiency
11	observed during visit.
12	Due to insufficient information available at this time, the above allegation needs further investigation.
13	(Continued on 9099C)

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Lisa Hicks  
**LICENSING EVALUATOR NAME:** Alberto Lopez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/25/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/25/2025

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:** VILLA GARDENS

**FACILITY NUMBER:** 197602345

**VISIT DATE:** 11/25/2025

### NARRATIVE

1 (continued from 9099)  
2  
3

4 The investigation consisted of interviews with eight (8) total staff (S1-S8), five (5) residents  
5 (R1 – R5), and taking a tour of the memory care section of facility. LPA obtained  
6 documentation of all staff training on abuse and mandated reporting of abuse dated  
7 10/15/2025, 10/27/2025, 11/11/2025, 11/13/2025 11/14/2025  
8

9 The investigation revealed regarding allegation: Staff caused injury to resident. It is alleged  
10 that a facility staff pinched a resident's nose that caused a bruise. LPA interviewed eight (8)  
11 staff and all eight (8) staff stated they were aware of the incident. LPA interviewed five (5)  
12 residents and four (4) of five (5) residents could not corroborate the allegation. The resident  
13 stated someone pinched resident's nose but was not able to provide details due to cognitive  
14 issues. On October 26, 2025, at or around 10:40am S3 reported that S3 was assisting in  
15 providing care for resident with S2. S3 stated S3 witness S2 grabbing resident's nose when  
16 the resident let out a scream. S2 stated S2 may have grabbed resident's nose. S2 stated S2  
17 only remembered getting resident's nose for a split second but not resident's lip. The facility  
18 investigated the incident and stated that S2 admitted to grabbing the resident's nose. LPA  
19 reviewed and obtained photo of the injury to resident's nose. S2 was placed off schedule on  
20 10/27/2025 pending an investigation and was terminated on 11/10/2025. There is sufficient  
21 evidence to support this allegation.  
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26 Based on LPA's observations and interviews conducted, the preponderance of evidence  
27 standard has been met, therefore the allegation is found to be substantiated. California Code  
28 of Regulations, Title 22, Division 6 and Chapter 1 are being cited on the attached LIC  
29 9099D.  
30  
31  
32

**SUPERVISORS NAME:** Lisa Hicks  
**LICENSING EVALUATOR NAME:** Alberto Lopez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/25/2025

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**DATE:** 11/25/2025

LIC9099 (FAS) - (06/04)

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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

DR. ST 500  
MONTEREY PARK, CA 91754

**FACILITY NAME:** VILLA GARDENS

**FACILITY NUMBER:** 197602345

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/25/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/26/2025 Section Cited CCR 87468.1(a)(3)	1 87468.1 Personal Rights of Residents 2 in All Facilities. (a) Residents in all 3 residential care facilities for the elderly 4 shall have all of the following personal 5 rights: (3) To be free from punishment, 6 humiliation, intimidation, abuse, or other 7 actions of a punitive nature, such as withholding residents' money or interfering with daily living functions such as eating, sleeping, or elimination. This requirement is not met as evidenced by:	1 Facility will provided in-service on 2 personal rights/abuse and send proof to 3 LPA as proof of correction 4 Facility provided in-service to all staff 5 immediately after the incident and 6 terminated staff after an investigation. 7 Citation cleared. ***NO FURTHER ACTION REQUIRED****
	8 S2 admitted that S2 grabbed resident's 9 nose causing an injury to resident's 10 nose while providing care to resident on 11 10/25/2025 at around 10:40am which 12 posed/posses an immediate health and 13 safety risk to persons in care. 14	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**SUPERVISORS NAME:** Lisa Hicks  
**LICENSING EVALUATOR NAME:** Alberto Lopez  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 11/25/2025

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**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 11/25/2025