

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 197602925

Report Date: 11/18/2025

Date Signed: 01/30/2026 09:55:18 AM

**Substantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/16/2025** and conducted by Evaluator Sanjay Vaid

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 28-AS-20250516103008</b>
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<b>FACILITY NAME:</b> ARBOR VISTA	<b>FACILITY NUMBER:</b> 197602925
<b>ADMINISTRATOR:</b> COMMODORE, KIM	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 811 E WASHINGTON BLVD	<b>TELEPHONE:</b> (626) 797-7296
<b>CITY:</b> PASADENA	<b>ZIP CODE:</b> 91104
<b>CAPACITY:</b> 69	<b>DATE:</b> 11/18/2025
<b>MET WITH:</b> Kim Commodore-Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 11:25 AM
	<b>TIME COMPLETED:</b> 12:30 PM

### ALLEGATION(S):

1	Staff is yelling at residents.
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### INVESTIGATION FINDINGS:

1	***This licensing report supersedes the licensing report delivered on 11/18/2025. The purpose of the visit
2	is to add additional information not included in the report dated 11/18/2025 and to reissue the citation.
3	The findings will remain the same and the previous citation issued on 11/18/2025 will be dismissed. ***
4	
5	On today's visit, Licensing Program Analyst (LPA ) Sanjay Vaid spoke with Administrator Kim
6	Commodore and discussed the purpose of the visit. Today census is ??
7	
8	On 11/18/2025, Licensing Program Analyst (LPA) Sanjay Vaid conducted subsequential visit and met with
9	Administrator Kim Commodore and discussed the above-mentioned allegations. LPA Vaid and
10	Commodore toured the facility and did not observe any health and safety concerns.
11	
12	On 5/21/25, Licensing Program Analyst (LPA) Sanjay Vaid conducted the initial complaint investigation at
13	the facility and was met by Assistant Administrator Theresa Webb, and the reason for the visit was discussed. LPA Vaid and Webb toured the facility and did not observe any health and safety concerns.

**Substantiated**

**Estimated Days of Completion:**

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

**DATE:** 01/30/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/30/2026

**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-20250516103008**

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DR. ST 500  
MONTEREY PARK, CA 91754

# COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** ARBOR VISTA

**FACILITY NUMBER:** 197602925

**VISIT DATE:** 11/18/2025

## NARRATIVE

1 The investigation consisted of; review of requested/obtained documents; staff roster, client roster, R1's  
2 face sheet, R1 placement agency contact, R1's physician report dated 09/09/2025, R1's medical/health  
3 summary dated 08/19/2021, a court ordered examination/competency evaluation dated 03/02/2015,  
4 R1's third party caregivers. Review of R1's court order dated 04/09/2015. Interviews with staff, residents  
5 and witnesses and LPA observations.  
6

7 NOTE: Due to the displacement of individuals from 2025 Eaton Fires, The facility, has been housing  
8 residents on an emergency basis, including R1.  
9

10 Regarding the allegation: **Staff is yelling at residents.** It is alleged that staff are yelling at residents in  
11 care. Five (5) of five (5) staff interviewed stated they are not yelling at residents in care. Three (3) of five  
12 (5) staff admit to raising their tone of voice to redirect residents, but never to degrade residents. Staff  
13 interviewed stated that R1 was displaced due to the Eaton Fire and R1 was placed at the facility on a  
14 temporary basis, since, 01/08/25. Staff #4-#5 (S4, S5) are from R1's prior facility, which is also owned by  
15 the licensee. S4 and S5 are employed at R1's former facility and perform wellness checks on their  
16 displaced residents on a weekly basis. Per LPA's interview with W2, W2 recalls sitting with R1 in facility  
17 dining hall when S5 approached R1 about toileting concerns that were occurring during the night. W2  
18 stated witnessing S5 humiliate and ridicule R1 in front of other residents by approaching R1 and offering  
19 R1 adult briefs. S5 and R1 began to argue, R1 called S5 degrading names and S5 then yelled at R1.  
20 According to W2, several other residents were present and observed the argument. Four (4) of seven  
21 (7) residents interviewed stated a few staff have become indifferent since the Eaton Fires and have  
22 taken their frustration upon residents. Based on LPAs interviews which were conducted and records  
23 reviewed, the preponderance of evidence standard has been met, therefore the a found Above  
24 allegation is be substantiated.  
25

26 Citation is being issued on a LIC 9099D, California Code of Regulations, Title 22, Division 6 & Chapter  
27 number 8, are being cited on the attached LIC 9099D.  
28

29 Exit interview conducted with Administrator Kim Commodore and a copy of LIC 9099, LIC 9099C and  
30 LIC 9099D. Appeals rights discussed and a copy of appeal right were provided to Administrator Kim  
31 Commodore.  
32

Note Cite Section 87468.1 Personal Rights

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

**DATE:** 01/30/2026

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

Control Number 28-AS-20250516103008

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**COMPLAINT INVESTIGATION REPORT  
 (Cont)**

FACILITY NAME: ARBOR VISTA

FACILITY NUMBER: 197602925

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/18/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/21/2025 Section Cited CCR 87468.1(a)(1)	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:(1) To be accorded dignity in their 6 personal relationships with staff, 7 residents, and other persons.  This Requirement was not met by evidence of:	1 Administrator to conduct Personal 2 Rights in-service staff training.  3 Submitted in-service training to LPA on 4 11/25/2025. 5 6 7
	8 Based on interviews, S5 approached 9 R1 and W2 in the dining room and 10 spoke to R1 about R1's nightly 11 accidents causing R1 to feel ridiculed 12 and humiliated in front of other 13 residents. 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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:** Fernando Fierros  
**LICENSING EVALUATOR NAME:** Sanjay Vaid  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 01/30/2026

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

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**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 01/30/2026