

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197602925
Report Date: 05/19/2026
Date Signed: 05/19/2026 04:24:51 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 05/13/2026 and conducted by Evaluator Blanca Gonzalez

	COMPLAINT CONTROL NUMBER: 28-AS-20260513171632
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FACILITY NAME:	ARBOR VISTA	FACILITY NUMBER:	197602925
ADMINISTRATOR:	COMMODORE, KIM	FACILITY TYPE:	740
ADDRESS:	811 E WASHINGTON BLVD	TELEPHONE:	(626) 797-7296
CITY:	PASADENA	ZIP CODE:	91104
CAPACITY:	69	DATE:	05/19/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	11:12 AM
	CENSUS: 46	TIME	04:35 PM
MET WITH:	Administrator Kim Commodore	COMPLETED:	

ALLEGATION(S):

1	Staff made an inappropriate comment to a resident in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Blanca Gonzalez conducted an unannounced initial 10-day complaint investigation visit regarding the above allegation. LPA Gonzalez was greeted by Administrator Kim Commodore and the purpose of the visit was explained.
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5	The investigation consisted of the following: LPA Gonzalez requested and obtained copies of Resident Roster, Admission Agreement and Physician's Report, interviewed staff #1-5 (S1- S5) and residents #1-#5 (R1-R5). continued on LIC9099C
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Wei Siew Ho	
LICENSING EVALUATOR NAME: Blanca Gonzalez	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/19/2026

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 2
Control Number 28-AS-20260513171632

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ARBOR VISTA	FACILITY NUMBER: 197602925
	VISIT DATE: 05/19/2026

NARRATIVE	
1	The investigation revealed the following: Regarding allegation “Staff made an inappropriate comment to a resident in care,” it was reported that R1 shared that during mealtime R1 was served and slammed "a big pile of food on the table" with staff saying, "so you can stop complaining." Interviews with residents revealed 5 out of 5 residents deny the allegation. R1 stated they did not complain. R1 stated sometimes they have a bad day and will vent but did not complain about staff speaking inappropriately. R1 stated they have no problems with staff and R1 does not feel staff speak inappropriately to residents. R1 stated sometimes staff speak with familiarity, like family, but not inappropriate. R3 stated staff are not inappropriate, “staff treat us good.” Interviews with staff revealed 5 out of 5 staff interviewed deny the allegation. S4 stated residents always talk to S4 and residents have not said anything about staff speaking inappropriately. S1 stated when residents express concerns, the concerns are addressed immediately. S1 stated they had not received any complaints from R1 indicating staff spoke inappropriately. S1 also stated that R1 has no problem with letting staff know when they have a concern. S2 stated staff are careful of the way they speak to residents. LPA observed lunch service and residents were happy and interacted well with serving staff. Based on observation, interviews and record review, although the allegation may have happened or is valid, there is no preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated. An exit interview was conducted, and a copy of this report was provided to Administrator Kim Commodore.
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SUPERVISORS NAME: Wei Siew Ho	
LICENSING EVALUATOR NAME: Blanca Gonzalez	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/19/2026
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