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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197606145
Report Date: 07/27/2026
Date Signed: 07/27/2026 01:26:56 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/08/2026** and conducted by Evaluator Gabriela Castro

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260108125252

FACILITY NAME:	ARCADIA GARDENS RETIREMENT HOTEL			**FACILITY NUMBER:**	197606145
ADMINISTRATOR:	PAMELA PARSONS			**FACILITY TYPE:**	740
ADDRESS:	720 W. CAMINO REAL			**TELEPHONE:**	(626) 574-8571
CITY:	ARCADIA	**STATE:** CA		**ZIP CODE:**	91007
CAPACITY:	200	**CENSUS:** 165		**DATE:**	07/27/2026
		UNANNOUNCED		**TIME BEGAN:**	09:50 AM
MET WITH:	Pamela Parson, Executive Director			**TIME COMPLETED:**	01:25 PM

ALLEGATION(S):

1	Resident sustained an injury due to staff neglect or physical abuse.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Gabriela Castro conducted an unannounced complaint investigation
2	visit on 07/27/2026 to deliver findings regarding the above allegation. LPA was greeted by Executive
3	Director Pamela Parsons and facility staff. LPA explained the purpose of the visit.
4	
5	During the investigation, LPA reviewed and obtained copies of the Resident Roster, Staff Roster, R1's
6	Face Sheet, Physician's Report, Admission Agreement, Care Plan, Resident Assessment, skin
7	assessment records, physician's orders, nurse charting, medication prescriptions, and a copy of the in-
8	service training provided to caregivers regarding resident dementia care. LPA also conducted a tour of
9	the facility, observed the resident's condition and care environment, and interviewed five (5) staff
10	members (S1–S5), nine (9) residents (R1–R9), and one (1) witness (W1).
11	
12	(continued on 9099C)
13	

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Gabriela Castro
LICENSING EVALUATOR SIGNATURE:
DATE: 07/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/27/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 28-AS-20260108125252

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: ARCADIA GARDENS RETIREMENT HOTEL **FACILITY NUMBER:** 197606145

VISIT DATE: 07/27/2026

NARRATIVE

Allegation: Resident sustained an injury due to staff neglect or physical abuse.

It is alleged that R1 sustained an injury due to staff neglect or physical abuse. During staff interviews, staff consistently reported that R1 has fragile, thin skin and is prone to developing bruising or discoloration due to their advanced age and medical condition. Staff stated that R1 frequently resists personal care, including bathing, repositioning, and incontinent care, requiring two caregivers to assist. According to staff, care is provided to R1 by explaining each step of the process, offering reassurance, and returning later if R1 refuses assistance. Staff denied using excessive force, restraining R1, or physically abusing them. Staff further reported that the facility requested protective arm sleeves (geri sleeves) through R1's physician to help prevent additional skin injuries due to their fragile skin. During resident interviews, most residents reported that staff treat them with dignity and respect and provide assistance when needed. Although some residents reported occasional delays in staff response, they indicated their needs were ultimately met and expressed overall satisfaction with the care provided. None of the interviewed residents reported concerns regarding staff neglect, physical abuse, or inappropriate treatment of residents. During R1's interview, R1 was alert, communicative, and able to respond appropriately to interview questions. R1 stated they enjoy living at the facility, like the staff, and reported that staff treat them with dignity and respect. R1 did not disclose concerns regarding neglect or physical abuse. During the witness interview, W1 reported being aware of the discoloration observed on R1's arms and stated the concern had been discussed with the facility Administrator. W1 reported believing the discoloration was consistent with R1's fragile skin, advanced age, and prolonged bed bound status rather than abuse or neglect. W1 further reported visiting R1 approximately twice weekly, expressed no concerns regarding the care being provided, and stated that R1 reported being treated appropriately by staff. During observations, LPA toured the facility and observed resident rooms to be clean, well maintained, and free of objectionable odors. Residents appeared clean, appropriately groomed, and receiving care consistent with their needs. R1 was observed finishing lunch, appeared frail but well groomed, was in good spirits, and did not exhibit signs of distress. R1's room was clean and organized. No observations were made during the visit that were consistent with staff neglect or physical abuse.

Based on the investigation conducted, which included interviews with staff , witness and resident, as well as a review of relevant records, there was insufficient evidence to support the reported allegation. Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is **UNSUBSTANTIATED**. Exit interview was held, and a copy of this report was provided.

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Gabriela Castro
LICENSING EVALUATOR SIGNATURE:
DATE: 07/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/27/2026