

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197606301
Report Date: 10/02/2025
Date Signed: 10/02/2025 04:38:43 PM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/25/2025** and conducted by Evaluator Daniel Konishi

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20250925083433
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FACILITY NAME: BROOKDALE MONROVIA	FACILITY NUMBER: 197606301
ADMINISTRATOR: BALBIN, RALPH	FACILITY TYPE: 740
ADDRESS: 201 E FOOTHILL BLVD	TELEPHONE: (626) 301-0204
CITY: MONROVIA	STATE: CA
CAPACITY: 75	ZIP CODE: 91016
	DATE: 10/02/2025
	UNANNOUNCED TIME BEGAN: 09:05 AM
MET WITH: Ken Patrick Padilla, Wellness Director	TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1	Staff are not following reporting requirements
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Daniel Konishi conducted an unannounced initial complaint visit to
2	investigate the allegations listed above. LPA met with Danny Vera, Exedutive Director and Ken Patrick
3	Padilla Wellness Director and explained the purpose of the visit. Executive Director, Danny Vera arrived
4	shortly after and LPA explained the purpose of the visit.
5	
6	The investigation consisted of the following: LPA obtained copies of Resident #1 (R1's) file documents
7	such as Face Sheet. LPA reviewed and requested copies of Resident #2 (R2's) file documents such as
8	Face Sheet, Physician's Report, Personal Rights, and Resident Personal Property and Valuables
9	document. LPA interviewed the Executive Director, Wellness Director, Staff #1 (S1) to Staff # 6 (S6),
10	Resident #1 (R1), and Resident #3 (R3) to Resident #8 (R8). LPA attempted to interview R2. However,
11	R2 is currently at a Skilled Nursing Facility (SNF) and LPA attempted to call SNF but LPA was unable to
12	speak with R2. LPA also obtained the staff and resident rosters. LPA also obtained Staff In-service
13	training on Elderly and Dependent Adult Abuse: Resident to Resident. [Continue to LIC-9099-C]

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Daniel Konishi
LICENSING EVALUATOR SIGNATURE: _____
DATE: 10/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 10/02/2025

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 5
Control Number 28-AS-20250925083433

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
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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BROOKDALE MONROVIA **FACILITY NUMBER:** 197606301
VISIT DATE: 10/02/2025

NARRATIVE	
1	LPA also obtained copies of Staff #7 (S7) and Staff #8 (S8's) file documents such as Staff Training,
2	Residents' Rights Associate Acknowledgement Form, Elder Abuse Reporting Requirements, and
3	Mandated Reporting Requirements.
4	
5	The investigation revealed the following: In regards to the allegation that: "Staff are not following
6	reporting requirements," it is alleged that the facility staff are not properly reporting an incident of a
7	physical altercation that occurred on 09/08/2025 involving R1 and Resident #3 (R3) was reported by
8	another resident to staff on 09/15/2025. LPA interviewed the Executive Director and Wellness Director
9	denied the allegation stating that the facility reported the incident that occurred of the physical
10	altercation between R1 and R3 on 09/08/2025 was reported to staff on 09/15/2025. Five (5) out of six (6)
11	staff could not confirm nor deny the allegations since they were not aware nor witness that incident. LPA
12	interviewed one (1) out of six (6) staff which stated that the incident of the physical altercation between
13	R1 and R3 that occurred on 09/08/2025 was reported to the Health and Wellness Director on
14	09/08/2025. LPA also obtained facility Progress Notes dated 09/08/25 which indicate that the staff had
15	knowledge of the physical altercation between R1 and R3 on 09/08/2025 as the incident was reported
16	on the notes. LPA reviewed the Special Incident Report for the incident that occurred on 09/08/2025
17	which was not submitted by the facility to licensing until 09/18/2025 and not submitted within seven (7)
18	days of the occurrence. There is enough evidence to substantiate.
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20	Based on LPA's interviews conducted with the residents and staff, the preponderance of evidence
21	standard has been met, therefore the allegations are found SUBSTANTIATED. California Code of
22	Regulations Title 22, Division 6, and Chapter 1 are being cited on the attached LIC 9099D.
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27	An exit interview was held with the Executive Director, Danny Vera and a copy of this report and appeal
28	rights were provided.
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SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Daniel Konishi
LICENSING EVALUATOR SIGNATURE: _____
DATE: 10/02/2025

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LIC9099 (FAS) - (06/04) Page: 2 of 5
Control Number 28-AS-20250925083433

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR
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**COMPLAINT INVESTIGATION REPORT
(Cont)**

DR. ST 500
MONTEREY PARK, CA 91754

FACILITY NAME: BROOKDALE MONROVIA

FACILITY NUMBER: 197606301

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/02/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type B 10/16/2025 Section Cited CCR 87211(a)(1)(D)</p>	<p>(a) Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following: (1) A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below. This report shall include the resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case. (D) Any incident which threatens the welfare, safety or health of any resident, such as psychological abuse of a resident by staff or other residents, or unexplained absence of any resident. This requirement is not met as evidenced by:</p>	<p>Executive Director will ensure that Special Incident Reports and Reportable Incidents are sent to Licensing as required. Executive Director will ensure that all staff are re-trained in Reporting Requirements and provide all training materials and training signup sheets to the LPA by the POC due date.</p>
	<p>Based on interviews and records review, the facility staff sent the LIC624 Unusual Incident Report to Licensing on 09/18/2025 for a physical altercation between Resident #1 (R1) and Resident #3 (R3) that occurred on 09/08/2025. LPA obtained facility Progress Notes which indicated that the staff had knowledge of the physical altercation between R1 and R3 on 09/08/2025. The facility failed to not report to licensing within seven days, per Title 22 reporting requirements. This poses a potential health and safety risk to persons in care.</p>	

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: David Sicairos
LICENSING EVALUATOR NAME: Daniel Konishi

LICENSING EVALUATOR SIGNATURE:

DATE: 10/02/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/02/2025

LIC9099 (FAS) - (06/04)

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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
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ADDRESS: 201 E FOOTHILL BLVD

TELEPHONE: (626) 301-0204

CITY: MONROVIA

STATE: CA

ZIP CODE: 91016

CAPACITY: 75

CENSUS: 69

DATE: 10/02/2025

UNANNOUNCED TIME BEGAN:

09:05 AM

MET WITH: Ken Patrick Padilla, Wellness Director

TIME

04:45 PM

COMPLETED:

ALLEGATION(S):

1	Staff do not safeguard resident's personal belongings
2	
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5	
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8	
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Daniel Konishi conducted an unannounced initial complaint visit to
2	investigate the allegations listed above. LPA met with Ken Patrick Padilla Wellness Director and
3	explained the purpose of the visit. Executive Director, Danny Vera arrived shortly after and LPA explained
4	the purpose of the visit.
5	
6	The investigation consisted of the following: LPA obtained copies of Resident #1 (R1's) file documents
7	such as Face Sheet. LPA reviewed and requested copies of Resident #2 (R2's) file documents such as
8	Face Sheet, Physician's Report, Personal Rights, and Resident Personal Property and Valuables
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10	Resident #1 (R1), and Resident #3 (R3) to Resident #8 (R8). LPA attempted to interview R2. However,
11	R2 is currently at a Skilled Nursing Facility (SNF) and LPA attempted to call SNF but LPA was unable to
12	speak with R2. LPA also obtained the staff and resident rosters. LPA also obtained Staff In-service
13	training on Elderly and Dependent Adult Abuse: Resident to Resident. [Continue to LIC9099-C]

Unsubstantiated Estimated Days of Completion:

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Daniel Konishi
LICENSING EVALUATOR SIGNATURE: **DATE:** 10/02/2025

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

**COMPLAINT INVESTIGATION REPORT
(Cont)**

MONTEREY PARK ASC, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

FACILITY NAME: BROOKDALE MONROVIA

FACILITY NUMBER: 197606301

VISIT DATE: 10/02/2025

NARRATIVE

1 LPA also obtained copies of Staff #7 (S7) and Staff #8 (S8's) file documents such as Staff Training,
 2 Residents' Rights Associate Acknowledgement Form, Elder Abuse Reporting Requirements, and
 3 Mandated Reporting Requirements .
 4

5 The investigation revealed the following: In regards to the allegation that: "Staff did not safeguard client's
 6 personal belongings," it is alleged that resident #2 (R2's) couch was taken by staff while R2 was out of
 7 the facility at a skilled nursing facility (SNF) and that R2 received a replacement couch from the facility
 8 trash area. Wellness Director and one (1) out of six (6) staff interviewed denied the allegation stating
 9 that R2's couch was never taken away or replaced. Executive Director interviewed could not confirm nor
 10 deny the allegation. Five (5) out of six (6) staff interviewed corroborated with the allegation stating that
 11 R2's couch was replaced with a couch but could not specify where the prior couch went. One (1) out six
 12 (6) staff interviewed stated that the current couch in R2's room was taken from the trash area. However,
 13 Executive Director, Wellness Director, and two (2) out of six (6) staff stated that the current couch in R2's
 14 room was not from the trash area. Three (3) out of six (6) residents could not confirm nor deny that the
 15 current couch in R2's room was from the trash area. LPA toured the facility with the Wellness Director
 16 and observed a couch in R2's bedroom. However, LPA is unable to verify if R2's couch in the room is the
 17 same couch while R2 was living at the facility prior to being transferred to the Skilled Nursing Facility
 18 due to conflicting statements obtained during staff interviews. Seven (7) out of seven (7) residents
 19 interviewed denied the allegation stating that their belongings are safeguarded and that staff have not
 20 taken any of their belongings from them without permission. LPA reviewed R2's Resident Personal
 21 Property and Valuables form and it did not list a couch as part of R2's property/valuables upon moving
 22 into the facility. Per Executive Director and Wellness Director, R2 was first admitted to the facility without
 23 any valuables except a bed and a TV. Per Executive Director and Wellness Director, the prior and
 24 current couch was given to R2 by the facility that belonged to a former resident that moved out of the
 25 facility. There is not enough evidence to substantiate.
 26

27 Based on statements and interviews conducted with staff, clients, review of client files and facility file
 28 records, there was not enough supportive evidence to concur with the reported allegations. Although the
 29 allegations may have happened or is valid, there is not a preponderance of evidence to prove the
 30 alleged violations did or did not occur, therefore the allegation is UNSUBSTANTIATED.
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An exit interview was held and a copy of this report was provided to the Executive Director, Danny Vera.

SUPERVISORS NAME: David Sicairos

LICENSING EVALUATOR NAME: Daniel Konishi

LICENSING EVALUATOR SIGNATURE:

DATE: 10/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

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