

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197606651

Report Date: 02/19/2026

Date Signed: 02/23/2026 08:05:10 AM

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 **02/12/2026** and conducted by Evaluator Christian Gutierrez

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260212125011
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FACILITY NAME: LAKEWOOD GARDENS	FACILITY NUMBER: 197606651
ADMINISTRATOR: MARIE JEENE R DE CASTRO	FACILITY TYPE: 740
ADDRESS: 12055 S. LAKEWOOD BLVD.	TELEPHONE: (562) 869-4038
CITY: DOWNEY	ZIP CODE: 90242
CAPACITY: 150	DATE: 02/19/2026
MET WITH: Marie Jeene R De Castro	UNANNOUNCED TIME BEGAN: 09:20 AM
	TIME COMPLETED: 12:00 PM

ALLEGATION(S):

1	Staff refusing to allow resident to return to facility after hospitalization.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christian Gutierrez conducted an unannounced complaint visit in response to the above allegations. LPA met with Administrator Jeene De Castro who assisted with today's visit.
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6	On today's visit LPA's obtained copies of the following documents: Staff roster, resident roster, special incident report (SIR) R1's hospital discharge paperwork, psychiatric progress notes, emails between case worker and facility, and facility notes. LPA interviewed Administrator and staff #1(S1) and residents 1-8 (R1-R8). LPA delivered findings.
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11	
12	SEE LIC 9099C
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Christian Gutierrez
LICENSING EVALUATOR SIGNATURE:

DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/19/2026

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-20260212125011

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 (Cont)

FACILITY NAME: LAKEWOOD GARDENS

FACILITY NUMBER: 197606651

VISIT DATE: 02/19/2026

NARRATIVE

1 In regard to the allegation "Staff refusing to allow resident to return to facility after hospitalization.", It is
2 alleged that facility did not allow R1 to return to facility. During interviews with Administrator and staff two
3 (2) out of two (2) staff stated resident was never denied re-entry. Staff both stated that because of
4 behavior issues facility was requesting a psychiatric evaluation for the safety of R1 and of other
5 residents. Administrator provided emails between hospital caseworker and facility stating they would
6 gladly accept R1 back as long as Psych MD stated R1 was able to return. During interviews with
7 residents five (5) out of eight (8) residents stated they have never had any problems returning to facility
8 after a hospital visit. Three (3) residents were confused by LPA's questions. During record review of
9 hospital notes there was no indication that facility was refusing to accept R1 back to facility. LPA
10 observed Psychiatric behavior notes dated 02/10/2026 from So Cal Hospital. R1 returned to the facility
11 as of 02/12/2026.

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13 Based on interviews conducted and records reviewed, there is insufficient evidence to support the
14 allegations. Although the allegations may have happened or are valid, there is not a preponderance of
15 evidence to prove the alleged violations did or did not occur, therefore the allegations are
16 **UNSUBSTANTIATED**. An exit interview was conducted, and a copy of this report was provided.

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Christian Gutierrez
LICENSING EVALUATOR SIGNATURE:

DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/19/2026

LIC9099 (FAS) - (06/04)

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