

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197606651
Report Date: 08/04/2026
Date Signed: 08/04/2026 01:27:10 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 **06/12/2026** and conducted by Evaluator Christian Gutierrez

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260612091638
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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:	08/04/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:48 AM
	CENSUS: 91	TIME COMPLETED:	01:43 PM
MET WITH:	Jeene Castro		

ALLEGATION(S):

1	Resident was sexually abused while in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPA) Christian Gutierrez conducted a subsequent unannounced complaint
2	visit in response to the above allegations. LPA met with Administrator Jenne De Castro who assisted with
3	today's visit.
4	The investigation consisted of the following: During the initial visit conducted on 06/12/2026 LPA
5	interviewed Administrator, obtained copies of Staff/Resident Rosters, toured facility alongside of
6	Administrator; there were no concerns, obstructions, or anything out of the ordinary witnessed during the
7	visit. During today's visit LPA Gutierrez obtained copies of preplacement appraisal information, doctor's
8	notes, current physician's report LIC 602, and ID/emergency information, interviewed Administrator, staff
9	#1-staff #7 (S1-S7), resident #1-Resident #7 (R1-R7), and witness #1-witness #2 (W1-W2). LPA
10	delivered findings.
11	
12	See LIC 9099
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: David Sicairos	
LICENSING EVALUATOR NAME: Christian Gutierrez	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/04/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/04/2026

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-20260612091638

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: LAKEWOOD GARDENS	FACILITY NUMBER: 197606651
	VISIT DATE: 08/04/2026

NARRATIVE	
1	In regard to the allegation "Resident was sexually abused while in care", it is alleged that resident was
2	touched by staff while in care. During interviews with witnesses, Administrator and staff all stated that R1
3	has a history of hallucinations and fabricating stories. W1 stated that this has been ongoing even before
4	R1 came to facility. S2 stated R1 accuses staff of things and that staff is not even working that day.
5	Administrator stated that R1 has a diagnosis of dementia and schizophrenia and these behaviors are
6	part of the illness. During interviews with residents five (5) out of seven (7) residents stated they have
7	never been touched and are treated well at the facility. Two (2) residents could not answer LPA's
8	questions. During the record review, it was revealed that R1 shows moderate signs of altered mental
9	status with lapse in memory recall. R1 also has a history of paranoia and grandiose delusions, in
10	addition to auditory hallucinations.
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12	Based on interviews conducted and records reviewed, there is insufficient evidence to support the
13	allegations. Although the allegations may have happened or are valid, there is not a preponderance of
14	evidence to prove the alleged violations did or did not occur, therefore the allegations are
15	UNSUBSTANTIATED.
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17	An exit interview was conducted, and a copy of this report was given to Jenne De Castro.
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SUPERVISORS NAME: David Sicairos	
LICENSING EVALUATOR NAME: Christian Gutierrez	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/04/2026
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