

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 197606945  
Report Date: 09/16/2025  
Date Signed: 09/16/2025 03:36:19 PM

## Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/20/2025** and conducted by Evaluator Noemi Galarza

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 28-AS-20250520101953</b>
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<b>FACILITY NAME:</b> BROOKDALE CENTRAL WHITTIER	<b>FACILITY NUMBER:</b> 197606945
<b>ADMINISTRATOR:</b> SANJAY KABADI	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 8101 S PAINTER AVE	<b>TELEPHONE:</b> (562) 698-0596
<b>CITY:</b> WHITTIER	<b>STATE:</b> CA
<b>CAPACITY:</b> 92	<b>ZIP CODE:</b> 90602
	<b>CENSUS:</b> 52
	<b>DATE:</b> 09/16/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 09:10 AM
<b>MET WITH:</b> Mario Preston, Interim Administrator	<b>TIME COMPLETED:</b> 03:30 PM

**ALLEGATION(S):**

1	Staff do not ensure that facility is maintained at a comfortable temperature
2	for residents.
3	Staff do not ensure the facility is free of tripping hazards.
4	
5	
6	
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8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Galarza conducted a subsequent complaint investigation visit regarding
2	the above allegations. LPA discussed the purpose of the visit with Interim Executive Director Mario
3	Preston and new Executive Director Chanel Sanchez.
4	
5	The investigation consisted of: On 5/23/25, a physical plant inspection of common areas and 7 resident
6	rooms was conducted. Staff (S1- S4) and resident (R1) were interviewed. LPA reviewed documents.
7	Relevant complaint copies were obtained. During today's visit, staff (S5- S6) and residents (R2-R8) were
8	interviewed. During today's visit, a total of 13 2nd floor rooms were inspected. Copies of an incident
9	report pertaining to a fall in the dining room was obtained.
10	
11	*Report continues next page.
12	
13	

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Lisa Hicks  
**NAME OF LICENSING PROGRAM ANALYST:** Noemi Galarza  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/16/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/16/2025

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 6

**Control Number** 28-AS-20250520101953

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** BROOKDALE CENTRAL WHITTIER

**FACILITY NUMBER:** 197606945

**VISIT DATE:** 09/16/2025

### NARRATIVE

1 **Allegation: Staff do not ensure that facility is maintained at a comfortable temperature**  
2 **for residents.** The complaint alleges the air conditioning in residents rooms on the second floor and in  
3 the dining room is set too cold and residents complain about being uncomfortably cold. A total of eight  
4 residents were interviewed. The majority of the residents interviewed live in the 2nd floor. Three (3) out  
5 of eight (8) residents stated the air conditioning in their room was set too low and as a result they were  
6 uncomfortably cold. Maintenance staff closed the vents in the room. Per staff interviews, typically the  
7 facility temperature is set between 72-74 DF. On 5/23/2025, a physical plant inspection was conducted  
8 with Administrator Logan Harrison's assistance. The common areas and dining room were comfortable  
9 in temperature. However, 4 out of 7 rooms inspected on the 2nd floor were cold, below 72 DF. Room  
10 #207's room temperature measured 62 DF, and rooms 209, 211, and 215 were cold below 72 DF. The  
11 findings indicate that room temperature in some of the 2nd floor rooms is controlled by the thermostat in  
12 room 207. During today's visit, LPA checked a total of 13 rooms. The temperature in the rooms was  
13 within required temperature range. However, there is sufficient evidence to support the allegation.  
14

15 **Allegation: Staff do not ensure the facility is free of tripping hazards.** It is alleged that a resident fell  
16 in the dining room because of uneven flooring. Three (3) out of eight (8) residents confirmed R2 fell in  
17 the dining room. Staff interviews confirmed that on April 29, 2025, at approximately 12:30 PM, resident  
18 (R2) fell while dancing and walking in the dining room. The incident resulted in a femur fracture and  
19 surgery. Staff confirmed some areas in the dining room have peeling laminate flooring. Based on  
20 physical plant observations on 5/23/25 and today, the findings indicate the center left flooring in the  
21 dining room has a section of raised laminate flooring of approximately 7 inches that poses a tripping  
22 hazard. Pictures were taken during the visits. As of today, the flooring has not been repaired. Interim  
23 Administrator stated contractors will be coming to the facility in the next couple of weeks to evaluate the  
24 flooring issue and determine a repair plan. There is sufficient evidence to support the allegation.  
25

26 Based on observation and interviews conducted the preponderance of evidence standard has been met,  
27 therefore the above allegation is found to be **SUBSTANTIATED**. Pursuant to Title 22, California Code of  
28 Regulations, a deficiency was cited.  
29

30 An exit interview conducted, copy of the report and appeal rights was provided to Interim Executive  
31 Director Mario Preston.  
32

**NAME OF LICENSING PROGRAM MANAGER:** Lisa Hicks  
**NAME OF LICENSING PROGRAM ANALYST:** Noemi Galarza  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/16/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/16/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 6

**Control Number** 28-AS-20250520101953

**COMPLAINT INVESTIGATION REPORT  
(Cont)**FACILITY NAME: BROOKDALE CENTRAL WHITTIER  
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 197606945  
VISIT DATE: 09/16/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/14/2025 Section Cited CCR 87303(b)(2)	1 Maintenance and Operation. A 2 comfortable temperature for residents 3 shall be maintained at all times. The 4 facility shall cool rooms to a 5 comfortable range, between 78 degrees 6 F (26 degrees C) and 85 degrees F (30 7 degrees C), or in areas of extreme heat to 30 degrees F less than the outside temperature.	1 Executive Director stated and agreed to 2 submit proof of completed air 3 conditioning service request. 4 5 6 7
	8 This requirement was not met 9 evidenced by room inspections of 2nd 10 floor rooms conducted on 5/23/25 and 11 today. Room 207's thermostat read 12 62DF, and the room controls many 13 rooms located in the 2nd floor. This 14 poses a potential health, safety, and personal rights risk to persons in care.	8 9 10 11 12 13 14
Type B 10/14/2025 Section Cited CCR 87303(a)	1 Maintenance and Operation. 2 The facility shall be clean, safe, sanitary 3 and in good repair at all times. 4 Maintenance shall include provision of 5 maintenance services and procedures 6 for the safety and well-being of 7 residents, employees and visitors.	1 Executive Director stated and agreed to 2 submit picture proof evidence and a 3 copy of the completed work order. 4 5 6 7
	8 This requirement was not met 9 evidenced by: 10 Based on observation, the dining room 11 laminate flooring is raised and in 12 disrepair. This poses a potential health, 13 safety, and personal risk to persons in 14 care.	8 9 10 11 12 13 14

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks  
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COMPLAINT CONTROL NUMBER: 28-AS-  
20250520101953

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**FACILITY NUMBER:** 197606945

**ADMINISTRATOR:** SANJAY KABADI

**FACILITY TYPE:** 740

**ADDRESS:** 8101 S PAINTER AVE

**TELEPHONE:** (562) 698-0596

**CITY:** WHITTIER

**STATE:** CA

**ZIP CODE:** 90602

**CAPACITY:** 92

**CENSUS:** 52

**DATE:** 09/16/2025

**UNANNOUNCED TIME BEGAN:** 09:10 AM

**MET WITH:** Mario Preston, Interim Administrator

**TIME COMPLETED:** 03:30 PM

**ALLEGATION(S):**

- |   |  |
|---|--|
| 1 | Staff speaks inappropriately to residents.                 |
| 2 | Staff interacts with residents in an inappropriate manner. |
| 3 | Staff do not ensure elevators are in good repair.          |
| 4 | Staff do ensure resident's room is clean and sanitary.     |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |

**INVESTIGATION FINDINGS:**

- |    |  |
|----|--|
| 1  | Licensing Program Analyst (LPA) Galarza conducted a subsequent complaint investigation visit regarding the above allegations. LPA discussed the purpose of the visit with Interim Executive Director Mario Preston and new Executive Director Chanel Sanchez.                |
| 2  |  |
| 3  |  |
| 4  |  |
| 5  | The investigation consisted of: On 5/23/25, a physical plant inspection of common areas and 7 resident rooms was conducted. Staff (S1- S4) and resident (R1) were interviewed. LPA reviewed documents.   |
| 6  |  |
| 7  | Relevant complaint copies were obtained. During today's visit, staff (S5- S6) and residents (R2-R8) were interviewed. During today's visit, a total of 13 2nd floor rooms were inspected. Copies of an incident report pertaining to a fall in the dining room was obtained. |
| 8  |  |
| 9  |  |
| 10 |  |
| 11 | *Report continues next page.   |
| 12 |  |
| 13 |  |

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**NAME OF LICENSING PROGRAM MANAGER:** Lisa Hicks  
**NAME OF LICENSING PROGRAM ANALYST:** Noemi Galarza  
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<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	

**FACILITY NAME:** BROOKDALE CENTRAL WHITTIER **FACILITY NUMBER:** 197606945 **VISIT DATE:** 09/16/2025

NARRATIVE	
1	<b>Allegation: Staff speaks inappropriately to residents.</b> It is alleged that there is a caregiver that talks
2	down to people and argues with residents. According to information obtained, residents are afraid and
3	intimidated with caregiver/staff (S1). A total of 8 residents were interviewed. One out of eight residents
4	stated S1 said to them to mind their own business and shut up, when the resident asked S1 to bring
5	another resident their sweater because the dining room was too cold. Staff (S1) denied the allegation,
6	and stated that on the contrary, a Sunday in May 2025 a resident yelled at S1 called them derogatory
7	names in front of residents in the hallway by the dining room. All staff denied the allegation. The majority
8	of the residents interviewed stated staff (S1) is respectful, treats residents well, and the staff person has
9	never spoken to them inappropriately.
10	

11 **Allegation: Staff interacts with residents in an inappropriate manner.** The complaint alleges that  
12 caregiver/staff (S1) rubbed resident (R1's) back and shoulders when they were standing near the front  
13 desk. According to information obtained, the physical touch was unwelcome. One (1) out of eight (8)  
14 residents stated that in April 2025, they were at the front desk and S1 came from behind and rubbed  
15 their shoulders, which made them feel uncomfortable and shocked, but it was not reported to  
16 Administration staff. The majority of residents interviewed stated they have not been inappropriately  
17 touched by S1 or any other staff. All staff interviewed denied the allegation. Staff (S1) stated that R1  
18 does not receive any assistance with activities of daily living and is independent, and there has been no  
19 physical contact with R1's shoulders. Administration staff looked into the allegation, and determined that  
20 S1 may have in the past pat R1's back in passing, but nothing more than that. Per staff interviews,  
21 Brookdale policy allows staff to pat residents in the back and hug them if the resident welcomes it. Staff  
22 also stated that some residents ask staff for a hug and/or like a pat in their back. All staff stated that if  
23 and when a resident is touched it is appropriate.  
24

25 **Allegation: Staff do not ensure elevators are in good repair.** It was reported that one of the facility  
26 elevators has not worked since late 2024, early 2025, and the licensee has decided not to fix the  
27 elevator because the parts are obsolete. All residents interviewed confirmed the allegation. One (1) out  
28 of 8 residents stated that although there is another operable elevator, it is an inconvenience to walk to  
29 the working elevator. Staff interviews revealed that the rear elevator has had issues since January 2025,  
30 and stopped working completely in March 2025. A work order was put in March 24, 2025. The elevator  
31 was evaluated and it was determined the mother board and two cylinders are not working. According to  
32 staff, the facility has 2 elevators, and the other elevator closest to the dining room continues to be  
operable. As of today, the elevator remains inoperable because the parts needed are still at the  
manufacture level. However, since the facility has one elevator that works, the allegation cannot be  
supported.

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LIC9099 (FAS) - (06/04)

Page: 5 of 6

**Control Number** 28-AS-20250520101953

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## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** BROOKDALE CENTRAL WHITTIER

**FACILITY NUMBER:** 197606945

**VISIT DATE:** 09/16/2025

### NARRATIVE

1 **Allegation: Staff do ensure resident's room is clean and sanitary.** It is alleged that rooms were  
2 cleaned once a week, but a new housekeeper staff was hired and they cleaned resident (R1's) room  
3 every 2 weeks, and did not wash bed sheets weekly. One (1) out of 8 residents agreed with the  
4 allegation. Another resident stated that their room is cleaned once a week, but their sheets are not  
5 washed weekly. Staff interviews revealed that light housekeeping is done once a week, and personal  
6 belongings and bed linens are laundered once a week. The rooms are cleaned in rotation. According to  
7 interviews, a housekeeper/staff (S4), called out a couple of Saturdays, which was R1's room cleaning  
8 day. Administrator stated that when a staff person calls off it is communicated to other housekeepers  
9 and overtime is offered. During both visits, LPA inspected resident rooms to determine cleanliness and  
10 to check the condition of the bed sheets. The rooms were observed clean and bed sheets were not  
11 observed dirty. On 5/23/25, S4 was observed cleaning resident rooms, and during today's visit S6 was  
12 observed cleaning and washing clothes and bed linens. There is insufficient evidence to support the  
13 allegation.  
14

15 Although the allegations may have happened or are valid, there is not a preponderance of evidence to  
16 prove the alleged violations did or did not occur, therefore the allegations are **Unsubstantiated**.  
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20 Exit interview conducted with Interim Executive Director Mario Preston. A copy of the report was issued.  
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