

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197606945

Report Date: 03/17/2026

Date Signed: 03/17/2026 05:22:47 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/02/2026** and conducted by Evaluator Noemi Galarza

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260302104128
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FACILITY NAME: BROOKDALE CENTRAL WHITTIER	FACILITY NUMBER: 197606945
ADMINISTRATOR: CHANEL SANCHEZ	FACILITY TYPE: 740
ADDRESS: 8101 S PAINTER AVE	TELEPHONE: (562) 698-0596
CITY: WHITTIER	ZIP CODE: 90602
CAPACITY: 92	DATE: 03/17/2026
MET WITH: Chanel Sanchez, Executive Director	UNANNOUNCED TIME BEGAN: 02:00 PM
	TIME COMPLETED: 05:20 PM

ALLEGATION(S):

1	Staff embarrassed and humiliated a resident.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Galarza conducted an initial 10-day complaint visit to investigate the above allegations. The purpose of the visit was discussed with Executive Director Chanel Sanchez.
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4	The investigation consisted of: LPA reviewed documents and interviewed 7 staff and 10 residents. Two
5	(2) resident records [Admission Agreement, Preplacement Appraisal, Assessment Summary], Resident
6	Council Meeting (2/18/26), Care Partner job description, LIC 500 Personnel Report, resident roster, and
7	Resident's Policy and Care Plan Description were obtained.
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10	*Narrative continues next page.
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Noemi Galarza
LICENSING EVALUATOR SIGNATURE:

DATE: 03/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/17/2026

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-20260302104128

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: 03/17/2026

NARRATIVE

1 **Allegation: Staff embarrassed and humiliated a resident.** It is alleged that on February 25, 2026,
2 during the Town Hall meeting the Health & Wellness Director embarrassed and humiliated resident (R1)
3 in front of residents and staff in attendance by responding inappropriately to the resident's concern
4 regarding staff not putting away incontinence wipes in the closet. Resident (R1) stated the staff
5 member's response was humiliating and dismissive. Based on staff and resident interviews, during the
6 town hall meeting R1 addressed to Administration staff concerns brought up during the previous week's
7 resident council meeting. For instance, R1 informed Administration staff that staff had been leaving
8 incontinence wipe packs on the floor, and expressed that staff should put them away in the closet to
9 afford residents dignity. The findings indicate that the Wellness Director's response was inappropriate
10 because they told R1 that family should assist with that, and that care staff are not obligated to do things
11 for residents that they are not paying for. Interviews revealed, that R1 felt humiliated and began to cry in
12 front of all in attendance. Therefore, the allegation is supported.

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

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19 An exit interview conducted, copy of the report and appeal rights was provided to Executive Director
20 Chanel Sanchez.
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SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Noemi Galarza
LICENSING EVALUATOR SIGNATURE:

DATE: 03/17/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/17/2026

LIC9099 (FAS) - (06/04)

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Control Number 28-AS-20260302104128

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1000 CORPORATE CNTR

COMPLAINT INVESTIGATION REPORT (Cont)

DR. ST 500
MONTEREY PARK, CA 91754

FACILITY NAME: BROOKDALE CENTRAL WHITTIER
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 197606945
VISIT DATE: 03/17/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/31/2026 Section Cited CCR 87468.1(a)(3)	1 Personal Rights of Residents in All 2 Facilities. Residents in all residential 3 care facilities for the elderly shall have 4 all of the following personal rights: To 5 be free from punishment, humiliation, 6 intimidation, abuse, or other actions of 7 a punitive nature, such as withholding residents' money or interfering with daily living functions such as eating, sleeping, or elimination.	1 Executive Director agreed to provide 2 Personal Rights and Price Schedule 3 training to Administration and caregiver 4 staff. 5 Submit proof of training. 6 7
	8 This requirement was not met 9 evidenced by: 10 During the 2/25/2026 Town Hall 11 meeting, resident (R1) was humiliated 12 by a staff person when they brought up 13 incontinence wipes packs being left out 14 and not put away by staff. This poses a potential health, safety, and personal risk to persons in care.	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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: Lisa Hicks
LICENSING EVALUATOR NAME: Noemi Galarza
LICENSING EVALUATOR SIGNATURE: _____
DATE: 03/17/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 03/17/2026

LIC9099 (FAS) - (06/04)

Page: 3 of 5

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COMPLAINT INVESTIGATION REPORT

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

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PUBLIC

COMPLAINT CONTROL NUMBER: 28-AS-20260302104128

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FACILITY NUMBER: 197606945

ADMINISTRATOR: CHANEL SANCHEZ
ADDRESS: 8101 S PAINTER AVE
CITY: WHITTIER
CAPACITY: 92

FACILITY TYPE: 740
TELEPHONE: (562) 698-0596
STATE: CA ZIP CODE: 90602
CENSUS: 53 DATE: 03/17/2026
UNANNOUNCED TIME BEGAN: 02:00 PM
TIME COMPLETED: 05:20 PM

MET WITH: Chanel Sanchez, Executive Director

ALLEGATION(S):

1	Staff did not afford a resident privacy.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Galarza conducted a subsequent complaint visit to investigate the
2	above allegation. The purpose of the visit was discussed with Executive Director Chanel Sanchez.
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4	The investigation consisted of: LPA reviewed documents and interviewed 7 staff and 10 residents. Two
5	(2) resident records [Admission Agreement, Preplacement Appraisal, Assessment Summary], Resident
6	Council Meeting (2/18/26), Care Partner job description, LIC 500 Personnel Report, resident roster, and
7	Resident's Policy and Care Plan Description were obtained.
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10	*Narrative continues next page.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Noemi Galarza
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/17/2026

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LIC9099 (FAS) - (06/04) Page: 4 of 5
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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BROOKDALE CENTRAL WHITTIER **FACILITY NUMBER:** 197606945
VISIT DATE: 03/17/2026

NARRATIVE

1	Allegation: Staff did not afford a resident privacy. It is alleged that overnight staff did not afford R1
2	privacy because they entered the room to take out the bathroom trash in the middle of the night, but the
3	resident is independent and does not require night checks. A total of 11 residents were interviewed.
4	Resident (R1) stated the overnight staff person entered the room without permission, did not check on
5	the resident, and collected the bathroom trash and left, which caused sleep disturbance. A total of 10
6	residents were interviewed, of which 3 residents stated that staff enter the rooms at night to empty out
7	the trash, and it disturbs their sleep. All staff denied the allegation. They stated that there was a recent
8	incident in which a medication technician staff covered an overnight shift, and they checked in on all
9	residents, and took the trash out of the rooms. Staff stated night shift are responsible for checking in on
10	residents that require night checks due to incontinence care and/or other needs, and respond to call
11	lights, and clean. All staff stated the aforementioned incident was an isolated incident, and staff always
12	knock prior to entering a resident's room and always respect resident's privacy. There is insufficient
13	evidence to support the allegation.
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16 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
17 prove the alleged violation did or did not occur, therefore the allegation is **Unsubstantiated**.
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19 Exit interview conducted with Executive Director Chanel Sanchez. A copy of the report was issued.
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SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Noemi Galarza
LICENSING EVALUATOR SIGNATURE: **DATE:** 03/17/2026

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