

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197606945
Report Date: 09/03/2026
Date Signed: 09/03/2026 03:27:30 PM

Unfounded

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 09/01/2026 and conducted by Evaluator Noemi Galarza

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260901194510
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FACILITY NAME:	GREENLEAF COURT SENIOR LIVING, LLC	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:	09/03/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	01:41 PM
	CENSUS: 59	TIME COMPLETED:	03:30 PM
MET WITH:	Chanel Sanchez, Executive Director		

ALLEGATION(S):

1	Residents are not free to individually contract with their own hospice or home health providers.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Galarza conducted an initial 10-day complaint visit to investigate the above allegation. The purpose of the visit was discussed with Executive Director Chanel Sanchez.
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4	The investigation consisted of: Resident files and roster was reviewed. Executive Director was interviewed.
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7	The complaint alleges the facility informed a resident's family that their hospice agency provider would have to be discontinued so the resident could switch to the facility hospice agency choice. Based on record review and interview with Executive Director, the findings indicate the resident addressed in this complaint does not reside at this facility. This facility was formerly called Brookdale Central Whittier.
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9	There is another facility with a similar name nearby called Brookdale Uptown Whittier. LPA called the facility and confirmed the resident addressed in this complaint lives there. Therefore, the allegation is unfounded.
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	An exit interview was conducted with Chanel Sanchez. A copy of the report was issued.

Unfounded

Estimated Days of Completion:

SUPERVISORS NAME: Lisa Hicks

LICENSING EVALUATOR NAME: Noemi Galarza

LICENSING EVALUATOR SIGNATURE:

DATE: 09/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/03/2026

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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