

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 197607655  
Report Date: 08/18/2025  
Date Signed: 08/18/2025 05:02:56 PM

**Unsubstantiated**

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 **08/13/2025** and conducted by Evaluator Nune Margaryan

	<b>COMPLAINT CONTROL NUMBER: 28-AS-20250813111621</b>
--	---

<b>FACILITY NAME:</b> JASMIN TERRACE AT EL MOLINO	<b>FACILITY NUMBER:</b> 197607655
<b>ADMINISTRATOR:</b> VIRGINIA GARCIA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 245 S. EL MOLINO AVE.	<b>TELEPHONE:</b> (626) 578-0460
<b>CITY:</b> PASADENA	<b>STATE:</b> CA
<b>CAPACITY:</b> 206	<b>ZIP CODE:</b> 91101
	<b>CENSUS:</b> UNANNOUNCED
<b>MET WITH:</b> Loei Lackey, Assistant Executive Director	<b>DATE:</b> 08/18/2025
	<b>TIME BEGAN:</b> 09:15 AM
	<b>TIME COMPLETED:</b> 05:00 PM

**ALLEGATION(S):**

1	Staff do not prevent resident from wandering into other residents room resulting in verbal altercations
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Nune Margaryan conducted an initial 10-day complaint visit to
2	investigate the above allegation. The purpose of the visit was discussed with Assistant Executive Director
3	Lori Lackey. Executive Director Virginia Garcia arrived shortly after.
4	
5	The investigation consisted of the following: LPA Margaryan obtained a copy of the staff roster, residents
6	roster, reviewed and obtain documentation relevant to this investigation and interviewed Executive
7	Director, Staff 1 to Staff 6 (S1 to S6) and Resident 1(R1), Resident 3 to Resident 14 ( R3 to R14). LPA
8	was not able to interview Resident 2 (R2). R2 was at the hospital for evaluation at the time of visit.
9	
10	Continue 9099C
11	
12	
13	

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Wei Siew Ho  
**NAME OF LICENSING PROGRAM ANALYST:** Nune Margaryan  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/18/2025

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 2

**Control Number** 28-AS-20250813111621

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:** JASMIN TERRACE AT EL MOLINO

**FACILITY NUMBER:** 197607655

**VISIT DATE:** 08/18/2025

### NARRATIVE

1 Regarding allegation: Staff do not prevent resident from wandering into other residents room resulting in  
2 verbal altercations. It was alleged that R2 entered R1's room without being invited and will refuse to  
3 leave, and then R1 threatened R2 to leave while holding a fork in her hand.  
4

5 Based on interviews conducted it was revealed that there are some residents that wander at the facility  
6 and R2 is one of them. R2 walks around the whole facility and goes to residents rooms sometimes if  
7 residents doors unlocked. Facility staff always encouraged residents to keep their doors closed to  
8 prevent other residents entering their rooms. Interviewed staff stated that since R2 was admitted to the  
9 facility, R2 thinks that the facility is their home and trying to enter every room and wants everyone to  
10 leave her/his house. Interviewed staff stated that they aware of R2's behavior and R2 always supervised  
11 by staff as well as others. Staff always redirect R2 when R2 is confused. On 08/13/25 R2 entered R1's  
12 room and refused to leave. Interviewed S6 stated that they heard loud voices from R1's room and  
13 rushed to R1's room. S6 saw that R1 screaming and telling R2 to leave the room. S6 stated that R1 was  
14 confused and taught that he/she was in his/her room telling R1 to leave the room. S6 redirected R2 out  
15 of R1's room. S6 stated that they didn't see that R1 holding fork in their hand. Interviewed S4 stated that  
16 was another episode of R2's behavior that R2 tried to go to room #238 and was redirected by S4. The  
17 Executive Director and staff interviewed stated that there are always enough staff to always supervise  
18 R2 and other residents and that room / residents checks are every 2 hours. Executive Director also  
19 mentioned that Police Officer from Pasadena Police Department came to the facility to do a wellness  
20 check. The Police Officer gave a case number with no report. Copy of Police case number was provided  
21 to LPA. Interviewed R1 stated that R2 entered their room uninvited and they told R2 to leave the room.  
22 R1 stated that staff is nice and helpful. Interviewed R3 stated once R2 entered his/her room and when  
23 they told R2 to leave, R2 left the room. Interviewed R12 stated that R2 sometimes enter their room  
24 when the door is not closed, but it's not bothering them. Interviewed R4, R7, R1 and R14 were unable to  
25 answer due to cognitive skills. Interviewed R5, R6, R8, R9, R10, R13, stated that they don't know R2  
26 and no one entered their room uninvited.  
27

28 Although the allegation may have happened or is valid, there is not a preponderance  
29 of evidence to prove the alleged violation(s) did or did not occur, therefore the  
30 allegation is UNSUBSTANTIATED.  
31  
32

**NAME OF LICENSING PROGRAM MANAGER:** Wei Siew Ho  
**NAME OF LICENSING PROGRAM ANALYST:** Nune Margaryan  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/18/2025

