

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 197608180

Report Date: 01/31/2026

Date Signed: 01/31/2026 01:16:30 PM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 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 **01/12/2026** and conducted by Evaluator Alberto Lopez

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 28-AS-20260112121705</b>
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**FACILITY NAME:** SILVERADO SENIOR LIVING - THE HUNTINGTON FACILITY **197608180**

<b>ADMINISTRATOR:</b> ROCHELLE CARPIO	<b>NUMBER:</b>	740
<b>ADDRESS:</b> 1118 N STONEMAN AVE	<b>FACILITY TYPE:</b>	
<b>CITY:</b> ALHAMBRA	<b>TELEPHONE:</b>	(626) 308-9777
<b>CAPACITY:</b> 62	<b>STATE:</b> CA	<b>ZIP CODE:</b> 91801
	<b>CENSUS:</b> 58	<b>DATE:</b> 01/31/2026
<b>MET WITH:</b> Jadelyn Pazcoguin - Family Ambassador	<b>UNANNOUNCED TIME BEGAN:</b>	10:27 AM
	<b>TIME COMPLETED:</b>	11:16 AM

### ALLEGATION(S):

1	Staff did not seek timely medical care for resident
2	Staff did not follow the Universal Precautions Protocol
3	staff did not notify authorized representatives of an outbreak
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Alberto Lopez made a subsequent unannounced visit to deliver findings
2	for the above-mentioned allegations. LPA met with Jadelyn Pazcoguin - Family Ambassador and
3	discussed the purpose of the visit.
4	
5	01/21/2026 Licensing Program Analyst (LPA) Alberto Lopez made an unannounced visit to investigate
6	the above-mentioned allegations. LPA met with Rochelle Carpio, Administrator, and discussed the
7	purpose of the visit.
8	
9	The investigation consisted of LPA reviewing and obtaining copy of staff and resident rosters, interviewed
10	six (6) staff, S#1 – S#6, six (6) residents R#1 – R#6, attempting to interview R#7, reviewing email
11	response from Department of Public Health to facility, R#7 Hospital visit records, three (3) incident
12	reports, R7 progress notes from 12/28/2025 to 01/21/2026.
13	(continued on 9099C)

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Lisa Hicks  
**LICENSING EVALUATOR NAME:** Alberto Lopez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/31/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/31/2026

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-20260112121705**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
GREATER LA AC/SC, 1000 CORPORATE CNTR  
DR. ST 500  
MONTEREY PARK, CA 91754

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** SILVERADO SENIOR LIVING - THE HUNTINGTON

**FACILITY NUMBER:** 197608180

**VISIT DATE:** 01/31/2026

### NARRATIVE

1 (continued from 9099)  
2  
3

4 The investigation revealed regarding allegation: Staff did not seek timely medical care for  
5 resident. It is alleged that medical attention was not provided to resident in timely manner.  
6

7 LPA interviewed six (6) staff, and all six staff denied the allegation. One staff member  
8 (nurse) stated that staff noticed a resident wobbling while walking on January 3, 2026,  
9 around 10:00am and immediately assessed resident. Resident was observed with acute  
10 distress and generalized weakness, congestion and episodes of dry cough and paleness. Staff  
11 called 911 and resident was transported to Huntington Hospital at the time. LPA interviewed  
12 six (6) residents, and all six (6) residents could not corroborate the allegation. Several  
13 residents stated that facility staff provide medical attention right away and are happy with the  
14 services provided to them. There is insufficient evidence to support this allegation.  
15  
16

17 Allegation: Staff did not follow the Universal Precautions Protocol. It is alleged that facility  
18 did not follow proper infectious control protocols that resulted in a respiratory illness  
19 outbreak. LPA interviewed six (6) staff and five (5) of six staff denied the allegation. One (1)  
20 staff refused to answer. LPA interviewed six (6) residents, and all six residents could not  
21 corroborate the allegation, and all stated that they were not aware of any kind of illness  
22 outbreak and all six (6) stated they had not recently been ill. Facility provided the department  
23 with an infection control plan and LPA took tour of facility common areas and did not  
24 observe any staff or residents with symptoms of a respiratory illness. LPA observed facility to  
25 be clean and observed staff following infectious disease protocols by wearing masks and  
26 gloves while assisting residents. There is insufficient evidence to support this allegation.  
27  
28  
29

30 (continued on 9099C)  
31  
32

**SUPERVISORS NAME:** Lisa Hicks  
**LICENSING EVALUATOR NAME:** Alberto Lopez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/31/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/31/2026

LIC9099 (FAS) - (06/04)

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**Control Number 28-AS-20260112121705**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
GREATER LA AC/SC, 1000 CORPORATE CNTR

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

DR. ST 500  
MONTEREY PARK, CA 91754

**FACILITY NAME:** SILVERADO SENIOR LIVING - THE  
HUNTINGTON

**FACILITY NUMBER:** 197608180

**VISIT DATE:** 01/31/2026

**NARRATIVE**

1 (continued from 9099C)  
2

3 Allegation: Staff did not notify authorized representatives of an outbreak. It is alleged that  
4 facility did not notify authorized representatives of an outbreak at the facility.  
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6

7 LPA Interviewed six (6) staff and all six staff denied that there was an outbreak of any kind at  
8 facility. LPA Interviewed six (6) residents and all six residents could not corroborate the  
9 allegation. Staff stated that they had three (3) residents diagnosed with Pneumonia this month  
10 and they had returned to facility after a short stay at hospital. Facility reported one resident  
11 with Pneumonia on 01/03/2026, one resident on 01/07/2026 and a third resident on  
12 01/17/2026 . All three residents were diagnosed over 72 hours apart. This does not meet the  
13 definition of an outbreak. At the time of this visit, the facility had reported three (3) total  
14 residents and zero (0) staff infected. The Department of Public Health could not confirm that  
15 an outbreak has occurred at the facility. There was no outbreak to report to authorized  
16 representatives, however facility did notify the authorized representatives on the incident(s)  
17 on the day it was reported to the department. Facility took precautions immediately after the  
18 first infection, notified Public Health, responsible parties, and the Department. There is  
19 insufficient evidence to support this allegation.  
20  
21  
22

23 Based on interviews and records reviewed, although the allegations may have  
24 happened or are valid, there is not a preponderance of evidence to prove the alleged  
25 violations did or did not occur, therefore the allegations are **Unsubstantiated**.  
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27  
28  
29

30 An exit interview was conducted and a copy of this report was discussed and  
31 provided to facility Jadelyn Pazcoquin - Family Ambassador  
32

**SUPERVISORS NAME:** Lisa Hicks

**LICENSING EVALUATOR NAME:** Alberto Lopez

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/31/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/31/2026