

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197608482
Report Date: 12/22/2025
Date Signed: 12/22/2025 10:50:00 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 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 **08/18/2025** and conducted by Evaluator Luis DeLeon

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20250818141614
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FACILITY NAME: KINGSLEY MANOR	FACILITY NUMBER: 197608482
ADMINISTRATOR: LIYON O'QUINN	FACILITY TYPE: 740
ADDRESS: 1055 NORTH KINGSLEY DRIVE	TELEPHONE: (323) 661-1128
CITY: LOS ANGELES	ZIP CODE: 90029
CAPACITY: 299	DATE: 12/22/2025
MET WITH: HR Director Connie Wilson	UNANNOUNCED TIME BEGAN: 08:50 AM
	TIME COMPLETED: 11:00 AM

ALLEGATION(S):

1	Staff are threatening resident.
2	Staff had resident sign a document without resident's authorized representative present
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INVESTIGATION FINDINGS:

1	** This report supersedes report dated 10/07/2025 to clarify details of findings but there is no change to
2	investigation findings. **
3	On today's visit, Licensing Program Analyst (LPA) Luis De Leon conducted a subsequent complaint visit
4	and met with HR Director Connie Wilson. LPA explained the reason for today's visit was to redeliver the
5	licensing report. LPA was informed that Administrator Liyon O'Quinn was not available for today's visit.
6	LPA toured residents' common areas and observed no health and safety risks.
7	
8	On 10/07/25, Licensing Program Analysts (LPAs) Luis De Leon conducted a subsequent complaint visit
9	to continue investigation for the allegations listed above. LPA met with the Director of Health Services
10	Milca Osorio and explained the reason for the visit. Ms. Osorio stated the Administrator Liyon O'Quinn
11	was not available for the 10/07/25 visit.
12	
13	Report continues on page LIC-809c

Unsubstantiated	Estimated Days of Completion: 90
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SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Luis DeLeon
LICENSING EVALUATOR SIGNATURE: _____
DATE: 12/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 12/22/2025

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 4
Control Number 28-AS-20250818141614

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: KINGSLEY MANOR **FACILITY NUMBER:** 197608482
VISIT DATE: 12/22/2025

NARRATIVE

1 During the initial visit on 08/19/2025, LPA De Leon obtained a copy of the staff and resident rosters and
2 reviewed resident #1 (R1) file and obtained relevant documentation. LPA interviewed Staff #1 (S1)
3 through Staff #3 (S3). LPA obtain copies of communication between billing department and R1 family
4 members, invoices.
5
6 **Regarding allegation:** Staff are threatening resident. It is alleged that the facility is threatening resident
7 1 (R1) with eviction, if R1 does not pay in full the amount owed for basic services and additional memory
8 care services.
9
10 Investigation consisted of interviews with staff, residents and review of R1 facility file, including an
11 eviction notice issued to R1 dated 08/27/2025, and R1's physician report dated 08/21/2024.
12
13 The investigation reveals the following: Seven (7) out of seven (7) staff denied the allegation and stated
14 that staff have never threatened residents. LPA interview with residents revealed that nine (9) out of ten
15 (10) residents denied the allegation above and stated that residents have never been threatened by staff
16 and staff deny issuing an eviction notice to R1 as a threat to R1. LPA interviewed R1 along with R1's
17 family member who R1 called via telephone, however, R1 did not address LPAs questions regarding the
18 staff threatening R1. LPA record review revealed that R1's physician report dated 08/21/2024 indicates
19 that R1 is able to leave facility unassisted, able to follow instructions, able to communicate needs, and
20 able to manage R1s own cash resources. Review of R1's Physician report indicates the R1 is self-
21 responsible and handles R1's own finances. Additionally, R1's physician's report identifies R1 as having
22 Mild Cognitive Impairment (MCI). The facility issued R1 with an eviction notice dated 08/27/2025 due to
23 R1s non-payment for basic services for the period of September 2024 through August 2025, the charges
24 include charges for memory care services.
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29 Report continues on page LIC-809C
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SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Luis DeLeon
LICENSING EVALUATOR SIGNATURE: _____
DATE: 12/22/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 12/22/2025

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Control Number 28-AS-20250818141614

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR
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COMPLAINT INVESTIGATION REPORT (Cont)

DR. ST 500
MONTEREY PARK, CA 91754

FACILITY NAME: KINGSLEY MANOR

FACILITY NUMBER: 197608482

VISIT DATE: 12/22/2025

NARRATIVE

1 On 09/01/2024, an incident occurred when R1 went out into the community and R1 was unable to find a
2 way back to the facility. R1 contacted the staff at facility via telephone to request assistance to find R1s
3 way back to the facility. Staff located R1 around three blocks away from the facility and brought R1 back
4 to the facility. On 09/01/2024, staff reassessed R1 as a result of the 09/01/25 incident, staff determined
5 to place R1 in memory care services to prevent R1 from getting lost in the community and updated R1's
6 needs and services plan. R1's additional charges for memory care services included additional charges
7 for wearing a wander guard device that alerts staff in the event that R1 attempts to leave the facility. It
8 was observed that R1 signed the agreement/form titled "Health and Wellness Review" and on 09/03/25,
9 staff notified R1's family member via email of the form being signed by R1. Since the 09/01/25 incident,
10 the facility reports incidents where staff observed R1 wandering around the facility and knocking on
11 doors to other residents' room and pulling the facility's fire alarm. As a result of R1 being lost in the
12 community, and R1 being confused, the facility placed R1 in memory care services for R1's health and
13 safety. LPA reviewed R1s signed admission agreement dated 08/28/24, which R1 signed on 09/09/24,
14 and LPA observed, under section B of R1s admissions agreement, that the facility is able to terminate
15 the admission agreement for residents' failure to pay monthly fees. Based upon the investigation,
16 residents and staff interviews, document reviews, and LPA observations, there is no evidence to support
17 that the facility staff are threatening a resident, the investigation revealed that R1 was given an eviction
18 notice which complies with Title 22 regulations.

19

20 **Regarding allegation:** Staff had resident sign a document without resident's authorized representative
21 present. It is alleged that a resident #1 (R1) cannot speak or read English and the facility staff did not
22 ensure that R1 had an authorized representative present when the R1 signed the notice for additional
23 memory care services, which included new monthly fee charges.

24

25 Investigation consisted of interviews with staff, residents and review of R1 facility file, including an
26 Health and Wellness Review dated 08/16/2024 (Initial assessment) and 09/01/2024 (Facility
27 Reassessment), and R1's physician report dated 08/21/2024.

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29 Report continues on page LIC-809C

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SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Luis DeLeon
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 12/22/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 12/22/2025

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Control Number 28-AS-20250818141614

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: KINGSLEY MANOR

FACILITY NUMBER: 197608482

VISIT DATE: 12/22/2025

NARRATIVE

1 The investigation reveals the following: Based on review of R1's physician's report dated 08/21/2024,
2 R1's is able to follow instructions, able to communicate needs, and able to manage own cash resources
3 and R1's physician's report dated 08/21/2024 identifies R1 as self-responsible. R1's Initial Health and
4 Wellness Review dated 08/16/2024, indicates the facility assessed R1's speech communication status
5 as R1 is able to speak Korean and English is R1's second language. R1's Health and Wellness Review
6 dated 09/01/2024, indicates R1's additional charges for memory care services. It was observed that R1
7 signed the agreement/form titled "Health and Wellness Review" and on 09/03/25, staff notified R1's
8 family member via email of the form being signed by R1. Interviews with staff reveal that seven (7) out of
9 seven (7) staff denied the allegation. Staff denied knowing that staff prevent residents, including R1 from
10 consulting a third party before signing facility documents. Interviews with six (6) out of seven (7) staff

11 reveal that interaction between staff and R1 were in English, and R1 English skills are limited. Staff
12 described that R1 can communicate R1's needs to staff. Interviews with residents reveal that nine (9)
13 out of ten (10) residents feel that they are free to consult with anyone, including a family member or
14 senior assistance center for help if residents prefer to have assistance regarding the review of a facility
15 document, prior to signing the document. Residents stated that they have not felt compelled or forced to
16 sign a document. All nine residents denied the allegation above. LPA interviewed R1 along with R1's
17 family member who R1 called via telephone, however, R1 did not address LPAs questions regarding the
18 signing of facility documents. Based upon the investigation, client and staff interviews, document review,
19 and LPA observations, R1 is self-responsible and able to sign documents; therefore, R1 does not need
20 to have a representative present to sign documents.

21
22 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
23 prove the alleged violation(s) did or did not occur, therefore the allegation is **unsubstantiated**.

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25 Exit interview was held with Director of Health Services Milca Osorio. A copy of the report was provided.
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LICENSING EVALUATOR NAME: Luis DeLeon

LICENSING EVALUATOR SIGNATURE:

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