

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609621
Report Date: 07/30/2026
Date Signed: 07/30/2026 02:30:51 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.ASC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 03/25/2026 and conducted by Evaluator Jose Gary Tan

	COMPLAINT CONTROL NUMBER: 31-AS-20260325092014
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FACILITY NAME:	GOLDEN ASSISTED LIVING	FACILITY NUMBER:	197609621
ADMINISTRATOR:	LOPEZ, MONIQUE	FACILITY TYPE:	740
ADDRESS:	14060 ASTORIA ST	TELEPHONE:	(818) 367-1947
CITY:	SYLMAR	ZIP CODE:	91342
CAPACITY:	128	DATE:	07/30/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:00 AM
	CENSUS: 109	TIME	02:30 PM
MET WITH:	Monique Lopez - Administrator	COMPLETED:	

ALLEGATION(S):

1	Staff are financially abusing residents
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jose Tan conducted an unannounced subsequent complaint visit to this
2	facility to further investigate the above allegation. LPA met with Administrator Monique Lopez and
3	explained the reason for the visit.
4	
5	LPA conducted physical plant tour at 9:08 AM, requested copies of facility documents relevant to the
6	investigation at 9:54 AM, reviewed records between 10:00 AM to 11:00 AM and interviewed residents
7	between 11:00 AM to 1:30 PM. Regarding the allegation that staff are financially abusing residents, it was
8	alleged that a possible elder financial abuse and identity exploitation by the staff of the facility. Reporting
9	Party (RP) stated that RP overheard a conversation in the parking lot involving a staff member
10	responsible for handling resident finances, where sensitive financial and personal identifying information
11	(including social security numbers credit card information and IDs) also the use of EBT food cards that
12	belong to residents appeared to be discussed. (continued on LIC 90909-C)
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Agard	
LICENSING EVALUATOR NAME: Jose Gary Tan	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/30/2026

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 31-AS-20260325092014

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: GOLDEN ASSISTED LIVING	FACILITY NUMBER: 197609621
	VISIT DATE: 07/30/2026

NARRATIVE	
1	(continued from LIC 9099)
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3	LPA's record review today between 10:00 AM to 11:00 AM revealed that the RP did not provide any
4	name of any resident that is a recipient of Electronic Benefit Transfer (EBT) card and any staff who
5	discussed sensitive information and allegedly use residents' EBT cards. RP also did not provide any
6	other information or contact number, email or physical address to CCL for the LPA to communicate or to
7	correspond, so no follow up communication was done with the RP to clarify and/or obtain further details.
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9	Further record review also revealed that only twenty-six (26) residents of the current census are
10	receiving Social Security Supplemental Income (SSI) benefit wherein the facility is the payee and
11	therefore receiving Personal and Incidental Allowance (P & I) through SSI. LPA's interview with five (5)
12	residents receiving P & I revealed that they received their money on time every month.
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14	LPA's interview with the Administrator today at 12:07 PM revealed that the Administrator is not aware of
15	any resident that is a recipient of EBT card or any governmental financial assistance program. Further
16	interview also revealed that the Los Angeles County Department of Social Services (LAC DPSS) also
17	calls the facility whenever a resident applies for food stamp or cash allowance to confirm if the applying
18	resident is living at the facility and provided three (3) meals a day and basic services and was told that
19	any resident living at the facility is not eligible to receive benefits because they are not homeless and
20	being provided meals and services at the facility. The Administrator also denied discussing any
21	resident's financial or personal information to anyone at the facility outside of the office..
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24	Based on the information gathered during this and prior visit, this allegation is deemed unsubstantiated
25	at this time.
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27	Exit interview conducted. Copy of this report issued.
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LICENSING EVALUATOR NAME: Jose Gary Tan	
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