

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197801605

Report Date: 02/17/2026

Date Signed: 02/17/2026 05:52:21 PM

Substantiated

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 **01/20/2026** and conducted by Evaluator Gabriela Castro

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260120111131
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FACILITY NAME: MOUNTAIN VIEW CENTER	FACILITY NUMBER: 197801605
ADMINISTRATOR: LAURA HERNANDEZ	FACILITY TYPE: 740
ADDRESS: 715 WEST BASELINE ROAD	TELEPHONE: (909) 626-6633
CITY: CLAREMONT	ZIP CODE: 91711
CAPACITY: 40	DATE: 02/17/2026
MET WITH: Laura Hernandez, Administrator	UNANNOUNCED TIME BEGAN: 08:58 AM
	TIME COMPLETED: 09:15 AM

ALLEGATION(S):

1	Staff preventing residents from getting personal belongings.
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INVESTIGATION FINDINGS:

1	***This report supersedes the report dated 01/23/2026 to correct the regulatory section cited on that date.
2	The complaint finding remains unchanged; however, the citation has been updated to reflect the
3	appropriate regulatory section. ***
4	
5	Licensing Program Analyst (LPA) Gabriela Castro conducted an unannounced complaint visit on
6	02/17/2026 to deliver findings related to the above allegation. LPA met Laura Hernandez, Administrator,
7	and explained the purpose of the visit.
8	
9	The investigation included a review of the client roster, staff roster, resident face sheet, admission
10	agreements, house rules, assessments, care plans, and progress notes. Additionally, LPA toured the
11	facility, inspected seven (7) resident bedrooms, and conducted interviews with six (5) staff members (S1-
12	S5), and seven (7) residents (R1-R7).
13	(continued 9099C)

Substantiated**Estimated Days of Completion:****SUPERVISORS NAME:** David Sicairos**LICENSING EVALUATOR NAME:** Gabriela Castro**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/17/2026

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-20260120111131

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 (Cont)

FACILITY NAME: MOUNTAIN VIEW CENTER**FACILITY NUMBER:** 197801605**VISIT DATE:** 02/17/2026

NARRATIVE

1 **Allegation: Staff preventing residents from getting personal belongings.**

2
3 It was alleged R1 requested a sweater from staff member S1 and was denied. It was further alleged that
4 R1's closet is locked due to R1 removing clothing and creating a mess. It was also alleged that other
5 residents have locked closets while some residents do not. The report alleges staff are preventing
6 residents from accessing their personal belongings.
7

8 During resident interviews, most residents (R2–R7) reported that their clothing is kept in their closets
9 and stated that their closets were not locked. None of these residents reported that staff had told them
10 they could not have their clothing or personal items. When asked whether they had concerns about staff
11 preventing access to belongings, most residents were unable to answer. Several residents
12 demonstrated limited ability to respond to questions, which appeared consistent with cognitive
13 impairment.
14

15 R1 reported that her closet is always locked and stated that she cannot access her clothing whenever
16 she wants. R1 reported that staff sometimes assist her in accessing her clothing when she asks and
17 stated that staff have sometimes told her she could not have her belongings. R1 stated that she feels
18 "sad" when she is unable to access her belongings. R1 appeared consistent with cognitive impairment.
19

20 During staff interviews, staff consistently reported that some residents' closets are locked due to safety
21 concerns related to cognitive impairment, including residents removing all items from closets, attempting
22 to leave the facility with belongings, or misplacing items. Multiple staff indicated that these behaviors are
23 frequently associated with R1 due to confusion and dementia-related behaviors. Staff generally stated
24 that the decision to lock a resident's closet is made or approved by administration; however, some staff
25 reported that there was no specific directive and that staff act based on familiarity with resident
26 behaviors. Staff reported that keys to locked closets are accessible to staff, including medication
27 technicians, and that all staff are aware of the combination codes for coded locks. Staff stated that
28 residents may request staff assistance to access their belongings. Several staff reported that they had
29 not observed staff denying residents access to their personal belongings when requested. Staff were
30 unsure whether restrictions on personal belongings are documented in resident records.
31
32

SUPERVISORS NAME: David Sicairos**LICENSING EVALUATOR NAME:** Gabriela Castro**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/17/2026

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FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/17/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: MOUNTAIN VIEW CENTER

FACILITY NUMBER: 197801605

VISIT DATE: 02/17/2026

NARRATIVE

1 During the visit, LPA observed resident R1's closet to be locked. LPA also observed six (6) additional
2 resident bedrooms with closet locks present, some of which were in use or broken. LPA observed that
3 some residents' closets were locked while others were not. LPA did not observe any posted signage or
4 written notice explaining restrictions on resident access to personal belongings.
5
6 The LPA reviewed R1's admission agreement, assessments, and care plan and found no documentation
7 authorizing restrictions on access to personal belongings. S1 confirmed no such documentation existed
8 and stated that no waiver to lock resident closets had been requested to Licensing. No physician order
9 or written consent was observed, and facility policies did not clearly authorize locking resident closets.
10 The LPA attempted to contact the assigned ALW Coordinator and social worker but was unable to make
11 direct contact and left a message with the ALW receptionist.
12
13 Based on LPA's observations and interviews which were conducted and record review, the
14 preponderance of evidence standard has been met, therefore the above allegation is found to be
15 **SUBSTANTIATED**. California Code of Regulations, Title 22, Division 6 and Chapter 1 are being cited on
16 the attached LIC 9099D.
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SUPERVISORS NAME: David Sicairos

LICENSING EVALUATOR NAME: Gabriela Castro

LICENSING EVALUATOR SIGNATURE:

DATE: 02/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/17/2026

LIC9099 (FAS) - (06/04)

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Control Number 28-AS-2026012011131**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: MOUNTAIN VIEW CENTER

FACILITY NUMBER: 197801605

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/17/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/23/2026 Section Cited	1 (a) Residents in all residential care 2 facilities for the elderly shall have all of 3 the following personal rights: 4 (12) To wear their own clothes; to keep	1 The facility shall ensure residents' rights 2 to keep and use their own personal 3 possessions and to always have 4 individual access to storage space for

CCR 87468.1(a)(12)(13)	5 6 7 and use their own personal possessions, including their toilet articles; and to keep and be allowed to spend their own money.	5 6 7	private use. The Licensee/Administrator may request a facility wide waiver for locks for review.
	8 9 10 11 12 13 14 (13) To have access to individual storage space for private use. This requirement is not met as evidenced by: It was observed the facility maintains locks on resident closets prohibiting access.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Gabriela Castro
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 02/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 02/17/2026