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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197803745
Report Date: 08/13/2026
Date Signed: 08/13/2026 09:30:41 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/04/2026** and conducted by Evaluator Jewel Baptiste

	COMPLAINT CONTROL NUMBER: 28-AS-20260804133133

FACILITY NAME:	COUNTRY INN OF DOWNEY			**FACILITY NUMBER:**	197803745
ADMINISTRATOR:	ANA YESENIA GIRON			**FACILITY TYPE:**	740
ADDRESS:	11111 MYRTLE ST.			**TELEPHONE:**	(562) 869-2401
CITY:	DOWNEY	**STATE:** CA		**ZIP CODE:**	90241
CAPACITY:	150	**CENSUS:** 79		**DATE:**	08/13/2026
		UNANNOUNCED		**TIME BEGAN:**	09:00 AM
MET WITH:	Assistant Administrator Erika Bacerra			**TIME COMPLETED:**	09:45 AM

ALLEGATION(S):

1	Staff do not ensure the resident’s room is free of pests.
2	Staff do not ensure resident's room is in good repair.
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INVESTIGATION FINDINGS:

1	On 08/13/26, Licensing Programming Analyst (LPA) Jewel Baptiste conducted a subsequent complaint
2	investigation at the facility listed above. Upon arrival, LPA met with the Assistant Administrator Erika
3	Bacerra, and LPA explained the reason for the visit.
4	
5	During the visit on 8/07/2026, LPA obtained the resident roster, staff roster, three (3) Incident reports
6	dated 8/03/2026, 8/04/2026, and 8/07/2026, and an invoice from pest control dated 6/30/2026. LPA
7	interviewed the Administrator and four (4) staff members, who shall be referred to as Staff #1 through
8	Staff #4 (S1-S4). LPA also interviewed a total of nine (9) residents who shall be referred to as resident #1
9	through resident #9 (R1-R9). LPA toured the facility with the Med Tech/Assistant Administrator, Erika
10	Becerra.
11	
12	Report continued on 9099C
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Jewel Baptiste
LICENSING EVALUATOR SIGNATURE:
DATE: 08/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/13/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 28-AS-20260804133133

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

FACILITY NAME: COUNTRY INN OF DOWNEY **FACILITY NUMBER:** 197803745
VISIT DATE: 08/13/2026

NARRATIVE

The investigation reveals the following: Regarding "Staff do not ensure the resident's room is free of pests," it is alleged that a fly is present in R1's bathroom. According to the Administrator, the facility does not have pests. The facility has a pest control company that performs monthly preventive measures. The Administrator further stated that R1 damaged various parts of the room so they could have it repaired the way R1 wanted. In this situation, there were two holes in the bathroom lights. The Administrator stated that it was reported to them on Monday and fixed on Tuesday. 3 out of 4 staff stated they have not seen flies or pests around the facility and confirmed they have seen the pest control company at the facility. 1 out of 4 staff stated they have seen flies outside in the back patio or basement. 3 out of 9 residents stated they have seen one fly or gnats. 6 of 9 residents denied the allegation, stating that the facility is very clean and that they have not seen any flies or pests. LPA toured the facility and did not observe pests. LPA reviewed the invoice from the pest control company.

The investigation reveals the following: Regarding " Staff do not ensure resident's room is in good repair," it is alleged that R1's room has holes and broken floor tiles. According to the Administrator, R1 reported the small holes in the bathroom, and they were repaired the next day. The Administrator further stated that the floor tiles are scratched up by R1 because R1 wants all the floor tiles in the bedroom replaced. They had recently repaired R1's walls, and the next day the housekeeper noticed that R1 had damaged them again. 4 out of 4 staff members denied the allegation, stating that the facility's floors are fine and that everything is fixed promptly. 1 out of 9 residents stated there are scratches on their bedroom floor and confirmed that the facility fixed the small holes within 1 day of reporting them. 7 of 9 residents denied the allegation, stating that if anything is wrong, the facility takes care of it right away. 1 out of 9 residents reported a loose floor tile that was fixed a while ago but has become loose again. LPA toured the area with the Assistant Administrator and was unable to observe a loose floor tile. LPA also toured R1's bedroom and did not observe the holes in the light fixtures. The floor titles R1 is referring to is under R1's couch and they were observed with scratches, but they were not broken or loose.

Based on LPA's interviews, the investigation revealed: Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur; therefore, the allegation is UNSUBSTANTIATED.

An exit interview was conducted with Erika Bacerra, and a copy of this record was provided.

SUPERVISORS NAME: Lisa Hicks

LICENSING EVALUATOR NAME: Jewel Baptiste
LICENSING EVALUATOR SIGNATURE:
DATE: 08/13/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/13/2026