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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198601778
Report Date: 08/04/2026
Date Signed: 08/04/2026 12:38:57 PM

Substantiated

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 **07/27/2026** and conducted by Evaluator Glenn Trueman

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260727165128

FACILITY NAME:	BROOKDALE UPTOWN WHITTIER			**FACILITY NUMBER:**	198601778
ADMINISTRATOR:	PRECIOSA (SUZIE) MAGPAYO			**FACILITY TYPE:**	740
ADDRESS:	13250 E PHILADELPHIA ST			**TELEPHONE:**	(562) 945-3904
CITY:	WHITTIER	**STATE:** CA		**ZIP CODE:**	90601
CAPACITY:	280	**CENSUS:** 135		**DATE:**	08/04/2026
		UNANNOUNCED		**TIME BEGAN:**	09:30 AM
MET WITH:	Administrator Suzie Magpayo			**TIME COMPLETED:**	12:45 PM

ALLEGATION(S):

1	Staff are not taking measures to keep the facility free of insects
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Glenn Trueman conducted an initial complaint investigation visit for the
2	allegation listed above. LPA met with Administrator Suzie Magpayo and the purpose of the visit was
3	discussed.
4	During todays visit, LPA Trueman conducted the following: toured the physical plant which included all (4)
5	floors of the facility, common areas, patios, and dining area. The tour also included room #'s 102,
6	125,204,221,231,252,253, 303,319, 335,and 423. LPA interviewed residents #1-#12 (R1-12) and Staff #1
7	(S1). LPA also interviewed the Administrator.
8	Resident and Staff Roster was submitted.
9	Documentation form the Pest Control Company was reviewed and submitted.
10	
11	The investigation reveals the following: Regarding Staff are not taking measures to keep the facility free
12	of insects, it was alleged the facility has roaches. The Administrator stated that a treatment was just done
13	for all common areas and bedrooms and is unaware of roaches in the elevator.

Substantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Wei Siew Ho
LICENSING EVALUATOR NAME: Glenn Trueman
LICENSING EVALUATOR SIGNATURE:
DATE: 08/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/04/2026

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

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FACILITY NAME: BROOKDALE UPTOWN WHITTIER **FACILITY NUMBER:** 198601778
VISIT DATE: 08/04/2026

NARRATIVE

8 out of 12 residents stated they do not have roaches in their rooms or observed any in the elevator or the facility. 4 out of 12 clients stated they have had roaches in their rooms but have not observed any in the elevator or the facility.
During the tour LPA took a photo of a dead roach in the hallway of the facility.
Staff S1 stated that 1 month ago the facility was fumigated.
Said the housekeeper told S1 of a roach being found and a resident this morning had told S1 of a roach observed in their room.
Stated that the pest control company is coming to the facility 1x a month.

Based on LPA's observations, interviews, and file review conducted the preponderance of evidence standard has been met, therefore the above allegation(s) are found SUBSTANTIATED.

Exit interview conducted and copies provided to the Administrator.
Appeal Rights issued.

SUPERVISORS NAME: Wei Siew Ho
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DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/04/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 08/05/2026 **Section Cited** CCR 87303(a)	1 2 3 4 5 6 7	87303(a) Maintenance and Operation The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors. This requirement is not met as evidenced by:	1 2 3 4 5 6 7	Facility will address the roach and insect issue and send report that shows the future plan to treat resident rooms by pest control to LPA by POC date of 08/5/2026
	8 9 10 11 12 13 14	Based on observations, interviews and documents reviewed, the resident's rooms have had issues with cockroaches which poses a potential health and safety risk to residents in care. LPA observed dead roach on the floor in the hallway.	8 9 10 11 12 13 14	Documentation submitted at visit for POC. Deficiency cleared.
	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.

SUPERVISOR'S NAME: Wei Siew Ho
LICENSING EVALUATOR NAME: Glenn Trueman
LICENSING EVALUATOR SIGNATURE: **DATE:** 08/04/2026

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