

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198601838
Report Date: 02/13/2026
Date Signed: 02/13/2026 06:44:25 PM

Unsubstantiated

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|--|---|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 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 **02/09/2026** and conducted by Evaluator Tena Herrera

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| PUBLIC | COMPLAINT CONTROL NUMBER: 28-AS-20260209113926 |
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| FACILITY NAME: DOWNEY RETIREMENT CENTER | FACILITY NUMBER: 198601838 |
| ADMINISTRATOR: BRANDIE MENDIBLES | FACILITY TYPE: 740 |
| ADDRESS: 11500 DOLAN AVENUE | TELEPHONE: (562) 869-2416 |
| CITY: DOWNEY | ZIP CODE: 90241 |
| CAPACITY: 252 | DATE: 02/13/2026 |
| MET WITH: Brandie Mendibles - Administrator | UNANNOUNCED TIME BEGAN: 02:22 PM |
| | TIME COMPLETED: 05:30 PM |

ALLEGATION(S):

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|---|---|
| 1 | Unlawful eviction. |
| 2 | Staff did not safeguard resident's personal belongings. |
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INVESTIGATION FINDINGS:

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|----|---|
| 1 | Licensing Program Analyst (LPA) Tena Herrera conducted an unannounced complaint visit to investigate the above allegations. LPA met with Administrator Brandie Mendibles and explained the purpose of today's visit. |
| 2 | |
| 3 | |
| 4 | |
| 5 | The investigation consisted of the following: |
| 6 | |
| 7 | LPA obtained copies of the Staff/Resident Rosters, copies of the following documents within R1's (Resident #1's) file: Face Sheet, Medication list, Physicians Report, Admission Agreement, Discharge paperwork from PIH dated 1/30/26 and an Unusual Incident Report dated 1/28/26. LPA toured facility and inspected R1's private bedroom and conducted interviews with 10 Residents (R2-R11), 5 Staff (S1-S5) and 2 Witnesses (W1-W2). |
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| 10 | |
| 11 | |
| 12 | |
| 13 | (Continued on LIC9099-C) |

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| Unsubstantiated | Estimated Days of Completion: |
|------------------------|--------------------------------------|

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Tena Herrera
LICENSING EVALUATOR SIGNATURE:

DATE: 02/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/13/2026

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-20260209113926

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
GREATER LA AC/SC, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: DOWNEY RETIREMENT CENTER

FACILITY NUMBER: 198601838

VISIT DATE: 02/13/2026

NARRATIVE

1 The investigation revealed the following:

2 **Allegation: Unlawful eviction.**

3 It is alleged that R1 was unlawfully evicted following an incident in late January 2026, where R1 was
4 hospitalized and fentanyl was found in their system. LPA interviewed 4 staff and each denied the
5 allegation and stated that an eviction notice has not been issued to resident, the room is still vacant and
6 being safeguarded, and they are waiting for R1 to complete their rehabilitation and from there they will
7 know if R1 will be returning or being admitted to another assisted living facility. LPA interviewed 2
8 Witnesses W2 stated that R1 is part of the Assisted Living Waiver (ALW) and with the most recent
9 hospitalization they are in jeopardy of losing their waiver, the facility has been working with R1 and in
10 trying to provide the best care. W1 is case manager for R1 and stated that they believe its in the best
11 interest of R1 to be relocated and have had that conversation with R1 also, since there seems to be
12 drug use it would be safest for R1 to have a change of environment. LPA interviewed 11 residents and
13 10 residents denied the allegation and stated they have never been evicted or been threatened with
14 eviction.

16 **Allegation: Staff did not safeguard resident's personal belongings.**

19 It is alleged that upon R1 being admitted to a new location only a few of R1's belongings were sent to
20 the new placement. LPA interviewed 4 staff and each denied the allegation and stated that R1's
21 belongings are still in their room and the room is being held until post rehab and the skilled nursing
22 home advises if R1 is ready to return or will be transferred to another facility. S1 and S2 stated that R1
23 has not been issued with an eviction notice. S2 stated that since R1 will be out for quite some time they
24 have placed a hoteling lock on R1's door to ensure the room is not accessible. LPA toured facility and
25 observed the hoteling lock on the door, entered R1's room and observed room to be fully furnished, and
26 filled with personal belongings including, clothing, food, a power wheelchair, art supplies and numerous
27 other items. S1 and S2 stated that they have taken items to R1 per their request to the skilled nursing
28 facility on 2-3 different occasions. LPA interviewed 2 Witnesses, and both denied the allegation and
29 stated that the facility has been taking items to R1 during hospitalization and do not believe that R1's
30 belongings are not being cared for. LPA interviewed 11 residents and 10 residents denied the allegation
31 and stated they haven't had any of their belonging go missing or stolen and they are able to lock their
32 rooms to safeguard their belongings.

Based on the investigation conducted, interviews with staff/residents and R1's file, there was insufficient evidence to support the reported allegations. Although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegations are **UNSUBSTANTIATED**. Exit interview was held, and a copy of this report was provided.

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Tena Herrera
LICENSING EVALUATOR SIGNATURE:

DATE: 02/13/2026

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

