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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198601838
Report Date: 08/06/2026
Date Signed: 08/06/2026 01:44:57 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 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 **07/31/2026** and conducted by Evaluator Christian Gutierrez

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260731125717

FACILITY NAME:	DOWNEY RETIREMENT CENTER			**FACILITY NUMBER:**	198601838
ADMINISTRATOR:	BRANDIE MENDIBLES			**FACILITY TYPE:**	740
ADDRESS:	11500 DOLAN AVENUE			**TELEPHONE:**	(562) 869-2416
CITY:	DOWNEY	**STATE:** CA		**ZIP CODE:**	90241
CAPACITY:	252	**CENSUS:** 132		**DATE:**	08/06/2026
		UNANNOUNCED		**TIME BEGAN:**	10:02 AM
MET WITH:	Brandie Mendibles			**TIME COMPLETED:**	02:00 PM

ALLEGATION(S):

1	Staff did not ensure resident's cash resources were safeguarded
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christian Gutierrez conducted an unannounced complaint visit in
2	response to the above allegations. LPA met with Administrator Brandie Mendibles who assisted with
3	today’s visit.
4	
5	On today’s visit LPA obtained copies of the following documents: Staff roster, resident roster, R1's
6	admission agreement, medical assessment LIC 602, identification/emergency information LIC 601,
7	appraisal needs and service plan, and billing update email. LPA interviewed Administrator, staff #1-staff
8	#3 (S1-S3) and interviewed resident #1-residnet #8 (R1-R8). LPA delivered findings.
9	
10	SEE LIC 9099C
11	
12	
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Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Christian Gutierrez
LICENSING EVALUATOR SIGNATURE:
DATE: 08/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/06/2026

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

Control Number 28-AS-20260731125717

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500
MONTEREY PARK, CA 91754

FACILITY NAME: DOWNEY RETIREMENT CENTER **FACILITY NUMBER:** 198601838
VISIT DATE: 08/06/2026

NARRATIVE

In regard to the allegation “Staff did not ensure resident's cash resources were safeguarded”, it is alleged that resident is buying gift cards for someone he/she met online and staff are not preventing that from happening. During interviews with Administrator and staff four (4) out of four (4) stated that R1 is self-responsible and that R1 takes care of all finances for themselves. LPA conducted record review and was able to obtain admission agreement, identification/emergency information LIC 601, appraisal needs and service plan, all indicating R1 is self-responsible. LPA also was able to obtain medical assessment LIC 602 dated 02/23/2026 that indicated that R1 was able to manage own cash resources and also leave the facility unsupervised. During interviews with residents eight (8) out of eight (8) residents stated that they have never had any problems with staff helping them with their cash resources. R1 stated that he/she takes care of all their own banking and that no one is taking advantage of them. LPA asked if he/she feels they need help from staff handling banking and was told no by R1.

Based on interviews conducted and records reviewed, there is insufficient evidence to support the 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.**

An exit interview was conducted, and a copy of this report was given to Administrator Brandie Menibles

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Christian Gutierrez
LICENSING EVALUATOR SIGNATURE:
DATE: 08/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/06/2026