

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198602192
Report Date: 05/29/2025
Date Signed: 05/29/2025 12:40:12 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 **05/22/2025** and conducted by Evaluator Mayra Cota

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20250522082132
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FACILITY NAME: SAKURA GARDENS AT LOS ANGELES	FACILITY NUMBER: 198602192
ADMINISTRATOR: JINA MALEKSARKISSIANS	FACILITY TYPE: 740
ADDRESS: 325 S BOYLE AVE	TELEPHONE: (323) 263-9651
CITY: LOS ANGELES	STATE: CA ZIP CODE: 90033
CAPACITY: 183	CENSUS: 128 DATE: 05/29/2025
MET WITH: Dennis Robeniol, Executive Director	UNANNOUNCED TIME BEGAN: 08:19 AM
	TIME COMPLETED: 12:40 PM

ALLEGATION(S):

1	Staff did not ensure hot water was available at the facility for residents in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Mayra Cota, conducted an initial unannounced complaint visit to
2	investigate the above allegation. LPA met with Dennis Robeniol, Executive Director and explained the
3	reason for the visit.
4	
5	The investigation consisted of the following:
6	
7	LPA, Cota, obtained copies of client and staff rosters, toured common areas of the facility, inspected 14
8	resident rooms/bathrooms and interviewed Resident 1 - Resident 9 (R1-R9) and Staff 1 - Staff 5.
9	
10	***Continues on LIC 9099C
11	
12	
13	

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST: Mayra Cota
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/29/2025

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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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: SAKURA GARDENS AT LOS ANGELES

FACILITY NUMBER: 198602192

VISIT DATE: 05/29/2025

NARRATIVE

1 **Regarding: Staff did not ensure hot water was available at the facility for residents in care.**
2
3 It is alleged, the victim hasn't had hot water for the past 4 days and therefore, wants to return back
4 home.
5
6
7
8 **The investigation revealed the following:**
9
10 Water temperature measured by LPA revealed to be between 89.6 - 91.7 degrees F in 10 out of 14
11 resident bathrooms inspected, which is below the compliance range of 105 - 120 degrees F. S1-S3
12 corroborate the allegation. Interviews with S1-S3 indicated, water temperature is inconsistent and they
13 are aware water is not delivered at an adequate temperature especially in the morning. S1-S3 stated,
14 residents have complained regarding the water not being hot enough. Interviews with S4-S5 indicated,
15 residents have complained to them regarding water not being delivered hot by their restroom's tap for
16 several days. R1-R9 also corroborate the allegation. Interviews with R1-R9. indicated, their bathroom
17 sinks do not deliver hot water which interferes with their showers and other personal hygiene routines.
18 R1-R9 stated, they have brought it to the attention of staff, however, the issue persists.
19
20 LPA, **substantiated** the allegation above based on the evidence obtained during this investigation. A
21 finding of **substantiated** means the allegation is valid because the evidence meets the preponderance
22 of the evidence standard. LPA cited the deficiency below per California Code of Regulations (CCR) Title
23 22.
24
25 ***See LIC 9099-D
26
27 An exit interview was conducted with Dennis Robeniol, Executive Director. A hard copy of the report and
28 Appeal Rights were provided at the time of visit.
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST: Mayra Cota
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/29/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/29/2025

LIC9099 (FAS) - (06/04)

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Control Number 28-AS-20250522082132

**COMPLAINT INVESTIGATION REPORT
 (Cont)**

FACILITY NAME: SAKURA GARDENS AT LOS ANGELES

FACILITY NUMBER: 198602192

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/29/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/30/2025 Section Cited CCR 87303(e)(2)	1 87303 Maintenance and Operation (e) 2 Water supplies and plumbing fixtures 3 shall be maintained as follows: (2) 4 Faucets used by residents for personal 5 care such as shaving and grooming 6 shall deliver hot water. Hot water 7 temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a	1 Licensee will send LPA, work order from vendor with ET of repair by due 2 date. Licensee will monitor water 3 temperature for three days in the 4 morning and the evening and ensure 5 water is within Title 22 regulation. 6 Licensee will send water temperature 7 log by June 2, 2025.
	8 temperature of not less than 105 9 degree F (41 degree C) and not more 10 than 120 degree F (49 degree C). 11 The licensee did not comply with the 12 section cited above as water 13 temperature in 10 resident's bathrooms 14 measured at 89.9 and 91.7, which poses an immediate health, safety or personal rights risk to persons in care.	

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

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho

NAME OF LICENSING PROGRAM ANALYST: Mayra Cota

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/29/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/29/2025