

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198602192
Report Date: 03/02/2026
Date Signed: 03/02/2026 01:52:16 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 **02/25/2026** and conducted by Evaluator Gabriela Castro

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260225102337
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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: 135 DATE: 03/02/2026
MET WITH: Tomoko Hino, Administrator	UNANNOUNCED TIME BEGAN: 10:07 AM
	TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1	Staff are not following proper reporting requirements
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Gabriela Castro conducted an unannounced complaint visit on
2	03/02/2026 to deliver findings related to the above allegation. LPA met with Administrator Tomoko Hino
3	and explained the purpose of the visit.
4	
5	The investigation included a review of the client roster, staff roster, R1's face sheets, and R1's physician's
6	report. Additionally, the LPA reviewed Internal Incident Report and Narrative Charting Records regarding
7	R1. The LPA also conducted interviews with four staff members (S1-S4).
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9	
10	(continued 9099C)
11	
12	
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Gabriela Castro
LICENSING EVALUATOR SIGNATURE:

DATE: 03/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/02/2026

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-20260225102337

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: 03/02/2026

NARRATIVE

1 **Allegation: Staff are not following proper reporting requirements**

2
3 It is alleged that the facility failed to comply with regulatory reporting requirements regarding incidents
4 involving R1. During staff interviews (S1-S4), staff reported the following reporting procedures: Staff are
5 required to report incidents directly to their supervisor and provide factual information regarding
6 incidents that occur during their shifts. Staff complete Narrative Charting and an internal incident report
7 form following an incident. These reports are submitted to the supervisor, who is responsible for
8 submitting an Unusual Incident Report to Community Care Licensing (CCL).

9
10 During the record review of documents provided by the facility, there were no Unusual Incident Reports
11 on file regarding any incidents involving R1. The facility did provide Narrative Charting summaries dated
12 January 27, 2026 (a.m. shift), in which two staff members documented that R1 may have fallen in her
13 room and that R1 was observed the following day with a bruise to her right eye. An additional internal
14 incident report dated January 28, 2026 (a.m. shift) documented that staff observed R1 with a black eye.

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17
18 Additionally, a Narrative Charting entry dated February 11, 2026, indicated that an altercation occurred
19 between R1 and their roommate, during which R1 was reported to have hit their roommate. No Unusual
20 Incident Reports were present in R1's file, and the facility did not have records indicating that Unusual
21 Incident Reports were completed for these incidents. Community Care Licensing also does not have
22 records of ever receiving Unusual Incident Reports for either of these incidents.

23
24
25 Based on LPA's interviews which were conducted and record review, the preponderance of evidence
26 standard has been met, therefore the above allegation is found to be **SUBSTANTIATED**. California
27 Code of Regulations, Title 22, Division 6 and Chapter 1 are being cited on the attached LIC 9099D.

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Gabriela Castro
LICENSING EVALUATOR SIGNATURE:

DATE: 03/02/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/02/2026

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

**COMPLAINT INVESTIGATION REPORT
(Cont)**

DR. ST 500
MONTEREY PARK, CA 91754

FACILITY NAME: SAKURA GARDENS AT LOS ANGELES
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 198602192
VISIT DATE: 03/02/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/09/2026 Section Cited CCR 87211(a)(1)(D)	1 (a) Each licensee shall furnish to the 2 licensing agency such reports as the 3 Department may require, including, but 4 not limited to, the following: 5 (1) A written report shall be submitted to 6 the licensing agency...within seven 7 days of the occurrence of any of the 8 events.	1 Administrator will submit Unusual 2 Incident Reports involving R1 by POC 3 due date. Administrator will also verify 4 that all future reportable incidents are 5 submitted to CCL within seven (7) days. 6 7
	8 (D) Any incident which threatens the 9 welfare, safety or health of any 10 resident... 11 This requirement is not met as evidenced 12 by: Based on record review and 13 interviews, the facility failed to submit 14 Unusual Incident Reports to CCL for incidents involving R1 as required.	8 9 10 11 12 13 14
	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.

SUPERVISORS NAME: David Sicairos LICENSING EVALUATOR NAME: Gabriela Castro LICENSING EVALUATOR SIGNATURE:		DATE: 03/02/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 03/02/2026