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**Department of**

# SOCIAL SERVICES

*Community Care Licensing*

# *COMPLAINT INVESTIGATION REPORT*

**Facility Number:** 198602192
**Report Date:** 08/06/2026
**Date Signed:** 08/06/2026 05:49:33 PM

## Substantiated

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**COMPLAINT INVESTIGATION REPORT** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500<br>MONTEREY PARK, CA 91754 |
|---|---|

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/15/2026** and conducted by Evaluator Luis DeLeon

| PUBLIC | COMPLAINT CONTROL NUMBER: 28-AS-20260115123528 |
|---|---|

| | | | | | |
|---|---|---|---|---|---|
| **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:** 138 | | **DATE:** | 08/06/2026 |
| | | UNANNOUNCED | | **TIME BEGAN:** | 08:35 AM |
| **MET WITH:** | Executive Director Tomoko Hino | | | **TIME COMPLETED:** | 05:45 PM |

**ALLEGATION(S):**

| | |
|---|---|
| 1 | Staff did not notify resident’s authorized representative of incident involving resident. |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

**INVESTIGATION FINDINGS:**

| | |
|---|---|
| 1 | ***This report supersedes the report dated 01/22/2026. The superseded report was created to add |
| 2 | additional information obtained during investigation and to change the investigation findings as |
| 3 | substantiated. *** |
| 4 | |
| 5 | Licensing Program Analysts (LPA) Luis De Leon conducted an initial unannounced complaint |
| 6 | investigation visit for the allegations listed above. LPAs met with Executive Director Tomoko Hino and |
| 7 | explained the reason for the visit. |
| 8 | |
| 9 | On 01/22/2026, the initial investigation was conducted. The investigation consisted of interviews with |
| 10 | staff from staff #1 (S1) to staff #8 (S8), residents from residents #1 (R1) to resident #9 (R9), and a visitor |
| 11 | (V1). In addition, physical plant and R1’s facility file review were conducted. |
| 12 | |
| 13 | During today's visit the investigation revealed the following: LPA interviewed the Executive Director, |
| | interviewed additional staff, and obtained additional records. |

| Substantiated | Estimated Days of Completion: |
|---|---|

**SUPERVISORS NAME:** Fernando Fierros
**LICENSING EVALUATOR NAME:** Luis DeLeon
**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-20260115123528



**FACILITY NAME:** SAKURA GARDENS AT LOS ANGELES **FACILITY NUMBER:** 198602192
**VISIT DATE:** 08/06/2026

**NARRATIVE**

The investigation reveals the following: In regards of allegation of staff did not notify resident's authorized representative for an incident involving resident. Per residents' interviews, one (1) out of sixteen (16) residents interviewed was attempted but unable to contact residents. Fifteen (15) out sixteen (16) residents interviewed indicated that there had been no issues in contacting authorized representatives and that staff contacted responsible party to inform of residents' incidents. Per staff interviews, eight (8) out of eleven (11) staff were not able to corroborate the allegation. Staff interviews revealed that staff described the procedure to follow in order to notify authorized representative. Three (3) out of eleven (11) staff interview revealed that staff were aware of incident on 12/02/2025 where R2 became aggressive towards staff and residents in the dining room. Staff described that R2 went to room shared with R1 and started throwing pictures frames and objects towards R1's direction. Staff described that staff surrounded R1 to prevent objects from hitting R1. Staff stated R1 did not sustain any injuries. taff stated that responsible parties for both residents were contacted, but there is no record to support that the party responsible for R1 was contacted. In addition, there is nor incident report submitted to licensing agency describing the health and safety risk to R1 by roommate R2 throwing objects in R1's direction. Therefore, there is sufficient evidence to support the allegation that staff did not notify resident's authorized representative for incident involving resident's safety or health risk.

Based on interviews conducted and record review, the preponderance of evidence standard has been met, therefore the above allegations are found to be **SUBSTANTIATED**. Deficiencies are cited according to Title 22. See LIC 9099D.

Exit interview was conducted with Executive Director Tomoko Hino. A copy of the report and appeal rights were provided.

**SUPERVISORS NAME:** Fernando Fierros
**LICENSING EVALUATOR NAME:** Luis DeLeon
**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



**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 **01/15/2026** and conducted by Evaluator Luis DeLeon

| | |
|---|---|
| | **COMPLAINT CONTROL NUMBER:** 28-AS-20260115123528 |

| | | | | | |
|---|---|---|---|---|---|
| **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:** | 138 | **DATE:** | 08/06/2026 |
| | | | UNANNOUNCED | **TIME BEGAN:** | 08:35 AM |
| **MET WITH:** | Executive Director Tomoko Hino | | | **TIME COMPLETED:** | 05:45 PM |

**ALLEGATION(S):**

| | |
|---|---|
| 1 | Staff did not properly clean/wipe resident resulting in an UTI. |
| 2 | Staff does not ensure water temperature was appropriate for residents. |
| 3 | Staff does not maintain resident's hygiene. |
| 4 | Staff do not clean residents room |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

**INVESTIGATION FINDINGS:**

| | |
|---|---|
| 1 | ***This report supersedes the report dated 01/22/2026. The superseded report was created to add |
| 2 | additional information obtained during investigation and to investigate a new allegation. There is no |
| 3 | change to investigation findings*** |
| 4 | |
| 5 | Licensing Program Analysts (LPA) Luis De Leon conducted an initial unannounced complaint |
| 6 | investigation visit for the allegations listed above. LPAs met with Executive Director Tomoko Hino and |
| 7 | explained the reason for the visit. |
| 8 | On 01/22/2026, the initial investigation was conducted. The investigation consisted of interviews with |
| 9 | staff from staff #1 (S1) to staff #8 (S8), residents from residents #1 (R1) to resident #9 (R9), and a visitor |
| 10 | (V1). In addition, physical plant and R1's facility file review were conducted. |
| 11 | During today's visit the investigation revealed the following: LPA interviewed the Executive Director, |
| 12 | interviewed additional staff, and obtained additional records. |
| 13 | (Report continues on page LIC-9099c...) |

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

**SUPERVISORS NAME:** Fernando Fierros
**LICENSING EVALUATOR NAME:** Luis DeLeon
**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.**





**NARRATIVE**

| | |
|---|---|
| 1 | In regards of allegation of staff did not properly clean/wipe resident resulting in an UTI. Per residents' |
| 2 | interviews, one (1) out of nine (9) residents interviewed was attempted. Eight (8) out nine (9) residents |
| 3 | interviewed indicated that residents have not had any cleaning concerns that may cause an UTI issue. |
| 4 | Residents indicated that staff are following residents cleaning and shower schedule twice a week or as |
| 5 | per needed. Per staff interviews, all staff were not able to corroborate the allegation. Per document |
| 6 | review, R1's Medication Administrator Record (MAR) does not show any medication treatment for UTI. |

Staff are provided annual training for UTI care. During physical plant, LPA's observed staff checking diapers and diaper changes were done. LPAs observed residents are provided drinking water in residents rooms and during their meals. Staff ensure that residents are hydrated. Therefore, there is no preponderance evidence to show that staff did not properly clean assistance and result in UTI.

In regards of allegation of staff does not ensure water temperature was appropriate for residents. Per residents' interviews, one (1) out of nine (9) residents interviewed was attempted. Eight (8) out nine (9) residents interviewed indicated that there was no issue with water temperature. Per staff interviews, all staff were not able to corroborate the allegation. During physical plant, twelve (12) resident rooms were randomly selected, and the water temperature was measured in the range of 105-120 degrees Fahrenheit. Therefore, the water temperature was found to be within Title 22 regulation and water temperature was appropriate for residents.

In regards of allegation of staff does not maintain resident's hygiene. Per residents' interviews, one (1) out of nine (9) residents interviewed was attempted. Eight (8) out nine (9) residents interviewed indicated that there was no issue with residents' hygiene. Per staff interviews, all staff were not able to corroborate the allegation. All staff indicated that the facility provides a schedule for shower, laundry, and toileting. All staff indicated that the schedule is being followed. On record reviewed, the facility keeps track of hygiene care assistance provided to residents. LPAs observed rooms to be clean, tidy, and free foul odor. Therefore, there is no preponderance evidence to show that staff is not providing hygiene assistance as needed by residents.

*(Report continues on LIC-9099c)*

**SUPERVISORS NAME:** Fernando Fierros
**LICENSING EVALUATOR NAME:** Luis DeLeon
**LICENSING EVALUATOR SIGNATURE:**
**DATE:** 08/06/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**
**DATE:** 08/06/2026





**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:** SAKURA GARDENS AT LOS ANGELES **FACILITY NUMBER:** 198602192
**VISIT DATE:** 08/06/2026

**NARRATIVE**

**Regarding allegation:** Staff do not clean residents room. It is alleged that staff does not clean residents rooms. Investigation consisted of interviews with physical plant tour, staff, residents, and review of R1 facility file, including admission agreement and physicians report. The investigation reveals the following: interviews with seven (7) out of seven (7) residents stated that residents' rooms are cleaned once a week, and if needed, residents may call housekeeping for additional cleaning services. Residents stated that residents have no issues with the room not being cleaned as often. Interview with seven (7) out of seven (7) staff indicated that residents' rooms are cleaned once a week or as needed. Staff indicated that memory care unit residents' rooms are cleaned every other day. Staff stated that housekeeping maintains a schedule that is followed by all housekeeping staff to make sure that rooms are maintained clean and free of odor. LPA observations during physical plant tour found that random rooms selected were observed to be clean including bathrooms. Based upon the investigation, resident and staff interviews, and LPA observations, there is not sufficient evidence to support that staff does not maintain residents' rooms clean.

Based on review of observations, documents and interviews conducted, the preponderance of evidence standard has not been met, therefore the above allegations are found to be **UNSUBSTANTIATED**.

Exit interview was held with Executive Director Tomoko Hino. A copy of the report was provided.

| | |
|---|---|
| 24<br>25<br>26<br>27<br>28<br>29<br>30<br>31<br>32 | |

**SUPERVISORS NAME:** Fernando Fierros
**LICENSING EVALUATOR NAME:** Luis DeLeon
**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



**Control Number** 28-AS-20260115123528

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br><br>**COMPLAINT INVESTIGATION REPORT (Cont)** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500<br>MONTEREY PARK, CA 91754 |
|---|---|

**FACILITY NAME:** SAKURA GARDENS AT LOS ANGELES **FACILITY NUMBER:** 198602192
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 08/06/2026

| Deficiency Type<br>POC Due Date /<br>Section Number | | DEFICIENCIES | | PLAN OF CORRECTIONS(POCs) |
|---|---|---|---|---|
| Type B<br>08/13/2026<br>**Section Cited**<br>CCR<br>87211(a)(1)(D) | 1<br>2<br>3<br>4<br>5<br>6<br>7 | (a) Each licensee shall furnish to the licensing agency… (1) A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence…(D) Any incident which threatens the welfare, safety or health of any resident, such as psychological abuse of a resident by staff or other residents…<br>This requirement is not met as evidenced by: | 1<br>2<br>3<br>4<br>5<br>6<br>7 | Licensee shall submitt incident report to license agency for incident on 12/02/2025 by POC date and submitt statement acknoledging understanding of section 87211 reporting requirements and that facility will comply with section. |
| | 8<br>9<br>10<br>11<br>12<br>13<br>14 | Based on observation, interview, and record review, the licensee did not comply with the section cited above where licensee did not notify responsible party of incident that occurred on 12/02/2025 threatening R1's welfare, safety or health which poses/posed a potential health, safety or personal rights risk to persons in care. | 8<br>9<br>10<br>11<br>12<br>13<br>14 | |
| | 1<br>2<br>3<br>4<br>5<br>6<br>7 | | 1<br>2<br>3<br>4<br>5<br>6<br>7 | |
| | 1<br>2<br>3<br>4<br>5 | | 1<br>2<br>3<br>4<br>5 | |

| | | | | |
|---|---|---|---|---|
| | 67 | | 67 | |

**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:** Fernando Fierros
**LICENSING EVALUATOR NAME:** Luis DeLeon
**LICENSING EVALUATOR SIGNATURE:**
**DATE:** 08/06/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**
**DATE:** 08/06/2026