

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198602227
Report Date: 08/13/2026
Date Signed: 08/13/2026 02:52:56 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 08/04/2026 and conducted by Evaluator Perry Scott

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260804125638
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FACILITY NAME: ASAHI RESIDENTIAL CARE	FACILITY NUMBER: 198602227
ADMINISTRATOR:KRISTINA FATIMA LACANILAO	FACILITY TYPE: 740
ADDRESS: 18527 DORMAN AVE	TELEPHONE: (310) 327-1633
CITY: TORRANCE	ZIP CODE: 90504
CAPACITY: 6	DATE: 08/13/2026
	UNANNOUNCED TIME BEGAN: 08:58 AM
MET WITH: Kristina Lacanilao	TIME COMPLETED: 03:10 PM

ALLEGATION(S):

1	Staff are overmedicating resident.
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INVESTIGATION FINDINGS:

1	On 8/13/26, at 9:00am, the department conducted an initial complaint visit to the facility and was greeted
2	by Kristina Lacanilao, Administrator. The department explained the purpose of this visit was to gather
3	information about the complaint, gather facility files, interview staff and residents, and deliver findings for
4	the allegation mentioned above.
5	
6	The investigation consisted of the following: The department interviewed staff (S1-S3) and residents (R2-
7	R5). The department attempted to interview R1 on their cell phone several times and left messages but
8	did not receive a return call. The department also contacted the skilled nursing facility that the resident is
9	in now but was not able to speak to R1. The department requested and received the following documents
10	from the facility: Resident Roster (Dated: 08/11/2026), Personnel Report (Dated: 08/13/2026),
11	Identification and Emergency Information (Dated: 07/16/2026, 05/05/2023, 07/31/2024, 05/01/2026,
12	08/11/2026), Medical Assessment (Dated: 07/14/2026), Preplacement Appraisal Information.....
13	Report Continued On LIC9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Janae Hammond	
LICENSING EVALUATOR NAME: Perry Scott	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/13/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/13/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 11-AS-20260804125638

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ASAHI RESIDENTIAL CARE	FACILITY NUMBER: 198602227
	VISIT DATE: 08/13/2026

NARRATIVE	
1	(Dated: 07/16/2026), Admission Record (Dated: 07/15/2026), Medication Administration Record (Dated:
2	07/17/2026-07/29/2026), Prescription Order (Dated: 07/27/2026), Medication List (Dated: 07/15/2026),
3	and Kei-Ai South Bay Healthcare Discharge Report (Dated: 07/17/2026).
4	
5	The investigation revealed the following: Allegation- Staff are overmedicating resident.
6	
7	The details of the complaint allege that facility staff are overmedicating resident. It was reported that a
8	resident was being overmedicated in order to keep them less active. On 8/13/2026, from 9:00am-
9	2:00pm, the department interviewed staff (S1-S3) and residents' (R2-R5). The department attempted to
10	interview R1 on their cell phone several times and left messages but did not receive a return call. The
11	department also contacted the skilled nursing facility that the resident is in now but was not able to
12	speak to R1.
13	
14	3 of 3 staff denied the allegation Staff are overmedicating resident . All staff (S1-S3) stated that they
15	have never overmedicated any resident and have always followed the resident's medication list as
16	prescribed by their physician. Staff (S1) stated that resident (R1) seem to be overly tired after a new
17	medication was prescribed for them but deny that they were over medicating (R1). S1 stated the facility
18	staff gave all medication as prescribed by (R1s) physician and has never overmedicated them to keep
19	them less active. S1 also stated that (R1) was hospitalized recently because they were lethargic, had
20	shallow breathing, and their oxygen saturation level was low at 73%.
21	
22	The department interviewed residents (R2-R5) about the allegation and 4 of 4 residents stated that they
23	receive their medication as prescribed by their doctor. Residents deny that staff has ever tried to
24	overmedicate them.
25	
26	The department reviewed the Medical Assessment (Dated: 07/14/2026), Preplacement Appraisal
27	Information (Dated: 07/16/2026), Prescription Order (Dated: 07/27/2026), and Medication List (Dated:
28	07/15/2026) and observed that the resident is taking several medications that have side effects that
29	cause drowsiness, dizziness, confusion, blurred vision, and lightheadedness. Those medications are
30	Promethazine-dextromethorphan, Furosemide, and Meloxicam. The department also reviewed the
31	Medication Administration Record (Dated: 07/17/2026-07/29/2026) and observed that all prescribed
32	medication was given as prescribed and documented. The department did not find any evidence that the
	facility was overmedicating the resident.
	Based on interviews and records reviewed, there is insufficient evidence to support the allegation that
	Staff are overmedicating resident . Although the allegation may have happened or is valid, there is not
	a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation
	is Unsubstantiated .
	No citations were issued for this complaint investigation.
	An exit interview was conducted with Kristina Lacanilao, Administrator, and a hard copy of this
	Complaint Investigation Report was provided.

SUPERVISORS NAME: Janae Hammond	
LICENSING EVALUATOR NAME: Perry Scott	

LICENSING EVALUATOR SIGNATURE:	DATE: 08/13/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/13/2026