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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603161
Report Date: 06/29/2026
Date Signed: 06/29/2026 04:07:03 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 **06/23/2026** and conducted by Evaluator Alberto Lopez

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260623083126

FACILITY NAME:	CALIFORNIA MISSION INN			**FACILITY NUMBER:**	198603161
ADMINISTRATOR:	JARED GREEN			**FACILITY TYPE:**	740
ADDRESS:	8417 MISSION DR			**TELEPHONE:**	(626) 287-0438
CITY:	ROSEMEAD	**STATE:** CA		**ZIP CODE:**	91770
CAPACITY:	85	**CENSUS:** 47		**DATE:**	06/29/2026
		UNANNOUNCED		**TIME BEGAN:**	02:06 AM
MET WITH:	Heather Cummings, Chief Operating Officer			**TIME COMPLETED:**	04:07 PM

ALLEGATION(S):

1	Staff are not addressing pests at facility
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Alberto Lopez made an unannounced visit to investigate the above
2	allegation. LPA met with Heather Cummings Chief Operating Officer and discussed the purpose of the
3	visit.
4	
5	The investigation consisted of LPA taking tour of facility, including rooms 262, 261,263 256 253, 255
6	which are all adjacent to room 262, reviewing and obtaining copy of staff and client rosters, a copy of
7	email from family member of resident with pest issue dated 06/29/2026, pest sighting log from
8	12/27/2026 to 06/29/2026, pest control invoice for service call from Bellas Exterminator Dated
9	06/29/2026, Interviewing five (5) clients, three (3) staff and one (1) family member W#1
10	
11	The investigation revealed regarding the allegation: Staff are not addressing pests at facility. It is alleged
12	that facility room #262 has rat/mice infestation and facility is not adresssing it.
13	
	(continued on 9099)

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Alberto Lopez
LICENSING EVALUATOR SIGNATURE:
DATE: 06/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/29/2026

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

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 **06/23/2026** and conducted by Evaluator Alberto Lopez

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CAPACITY:	85	**CENSUS:**	UNANNOUNCED	**DATE:**	06/29/2026
				TIME BEGAN:	02:06 AM
MET WITH:	Heather Cummings, Chief Operating Officer.			**TIME COMPLETED:**	04:07 PM

ALLEGATION(S):

1. Staff are not addressing mold at facility.

INVESTIGATION FINDINGS:

Licensing Program Analyst (LPA) Alberto Lopez made an unannounced visit to investigate the above allegation. LPA met with Heather Cummings Chief Operating Officer and discussed the purpose of the visit.

The investigation consisted of LPA taking tour of facility, including rooms 262, 261,263 256 253, 255 which are all adjacent to room 262, reviewing and obtaining copy of staff and client rosters, and a copy of email from family member of resident with pest issue dated 06/29/2026, pest sighting log from 12/27/2026 to 06/29/2026, pest control invoice for service call from Bellas Exterminator Dated 06/12/2026, Interviewing five (5) clients, three (3) staff and one (1) family member W#1

The investigation revealed regarding the allegation: Staff are not addessing mold at facility. It is allegded that the following rooms rooms #104, #107, #109, #121 have mold. The rooms do not exist at this facility. There is no evidence that this allegation can be possible. (Continued on 9099C)

Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Alberto Lopez
LICENSING EVALUATOR SIGNATURE:
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Control Number 28-AS-20260623083126

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: CALIFORNIA MISSION INN **FACILITY NUMBER:** 198603161

VISIT DATE: 06/29/2026

NARRATIVE

(continued from 9099)

Based on the information gathered during visit, the allegation is deemed UNFOUNDED. A finding of UNFOUNDED means that the allegation is either false, could not have happened, and/or is without a reasonable basis.

An exit interview was conducted, and a copy of this report was provided to staff.

SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Alberto Lopez
LICENSING EVALUATOR SIGNATURE:
DATE: 06/29/2026

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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: CALIFORNIA MISSION INN **FACILITY NUMBER:** 198603161

VISIT DATE: 06/29/2026

NARRATIVE

(Continued from 9099C)

LPA interviewed three (3) staff and all three (3) staff acknowledged they have an issue in room 262 and have addressed it. LPA interviewed five (5) residents and four (4) of five residents could not corroborate the allegation. R1 stated that R1 saw a rat as late as last night and crawled on R1 TV tray. R1 stated that staff have addressed the issue by sealing a hole in the wall and setting mechanical and glue traps

on the floor. W1 stated the issue was first reported to staff on May 19, 2026, and facility acted on May 21, 2026. W1 stated facility continued to address issue but the issue is still lingering. LPA inspected R1 room and noticed a gapping hole in the closet ceiling as well as rodent dropping on the closet floor. LPA asked staff to close and sealed the hole in the closet and to clean the droppings on floor. Since facility has been addressing the pest issue in R1 room, there is not enough evidence to substantiate that facility has done nothing to address the issue.

Based upon records review, interviews conducted, and observations, 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.**

An exit interview was conducted, and copy of the report was provided.

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LICENSING EVALUATOR NAME: Alberto Lopez
LICENSING EVALUATOR SIGNATURE:
DATE: 06/29/2026

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