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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603162
Report Date: 08/11/2026
Date Signed: 08/11/2026 06:18:44 PM

Substantiated

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 **05/01/2026** and conducted by Evaluator Bonnie Tao

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260501141051

FACILITY NAME:	WHITTIER GLEN ASSISTED LIVING			**FACILITY NUMBER:**	198603162
ADMINISTRATOR:	BARBA AGUIRRE, ITZAYANA			**FACILITY TYPE:**	740
ADDRESS:	10615 JORDAN RD			**TELEPHONE:**	(562) 943-3724
CITY:	WHITTIER	**STATE:** CA		**ZIP CODE:**	90603
CAPACITY:	93	**CENSUS:** 84		**DATE:**	08/11/2026
		UNANNOUNCED		**TIME BEGAN:**	09:00 AM
MET WITH:	Administrator Itzayana Barba Aguirre			**TIME COMPLETED:**	05:15 PM

ALLEGATION(S):

1	Staff did not ensure communication was maintained with residents authorized representatives.
2	Staff did not maintain residents admission retention requirements in a timely manner.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Tao conducted an unannounced subsequent complaint investigation
2	visit for the allegations listed above. LPA met with Administrator Itzayana Barba Aguirre and explained
3	the reason for the visit.
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5	LPA Tao conducted investigation visits on 05/05/2026, 06/16/2026 and 08/11/2026 (today).
6	
7	The investigation consists of the following:
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9	LPA toured the facility, interviewed eight (8) residents, attempted to interview resident#1 (R1) but the
10	resident declined to be interviewed, interviewed four (4) staff, interviewed three (3) visitors, interviewed
11	one (1) responsible party, and obtained the following documents: copies of the staff and resident rosters,
12	In-service training related to scabies, resident#1 (R1)'s files including: (-Continued on LIC 9099C-)
13	

Substantiated	Estimated Days of Completion:

SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Bonnie Tao
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026

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

Control Number 28-AS-20260501141051

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

FACILITY NAME: WHITTIER GLEN ASSISTED LIVING **FACILITY NUMBER:** 198603162
VISIT DATE: 08/11/2026

NARRATIVE

Admission Agreement, Admission Record, Progress notes, Physician's Reports, Medical Assessment for Residential Care Facilities for the Elderly, Preplacement Appraisal, Assisted Living Waiver Patient's Rights (or ALW agreement), lab result of scabies examination (specimen collection date 04/07/2026), hospital report dated 05/05/2026 and 06/10/2026, Assisted Living Program's communication log from 03/11/2026 to 06/02/2026, and progress note dated 04/21/2026.

During today's visit LPA conducted interviews with visitors and family member, reviewed hospital reports and toured the physical plant. There were no immediate health and safety concerns observed.

The investigation revealed the following:

Regarding allegation: Staff did not ensure communication was maintained with resident's authorized representatives - It is alleged that the administrator did not respond to resident#1 (R1)'s responsible party's communication regarding resident's Assisted Living Waiver Program (ALWP) placement. Per resident interviews, eight (8) out of eight (8) residents interviewed could not corroborate the allegation. Four (4) out of four (4) staff interviewed denied the allegation. Three (3) out of three (3) visitors and one (1) out of one (1) family member interviewed stated the facility did not ensure communication with resident's authorized representatives. Per record review of call logs, the hospital's social worker and ALWP representatives had made multiple contacts via phone calls and emails with the facility regarding R1's medical updates and ALWP retention requirement follow ups. The facility did not respond to their communication timely which resulted in passing the 60-day ALWP placement requirement.

Regarding allegation: Staff did not maintain resident's admission retention requirements in a timely manner - It is alleged that the administrator did not accept resident#1(R1) back to the facility from hospital after R1 was cleared which missed resident's ALWP 60-day retention requirement due to resident had scabies. Per resident interviews, eight (8) out of eight (8) residents interviewed could not corroborate the allegation. (-Continued on LIC 9099C-)

SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Bonnie Tao
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 08/11/2026

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 **05/01/2026** and conducted by Evaluator Bonnie Tao

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260501141051

FACILITY NAME:	WHITTIER GLEN ASSISTED LIVING			**FACILITY NUMBER:**	198603162
ADMINISTRATOR:	BARBA AGUIRRE, ITZAYANA			**FACILITY TYPE:**	740
ADDRESS:	10615 JORDAN RD			**TELEPHONE:**	(562) 943-3724
CITY:	WHITTIER	**STATE:**	CA	**ZIP CODE:**	90603
CAPACITY:	93	**CENSUS:**	84	**DATE:**	08/11/2026
			UNANNOUNCED	**TIME BEGAN:**	09:00 AM
MET WITH:	Administrator Itzayana Barba Aguirre			**TIME COMPLETED:**	05:15 PM

ALLEGATION(S):

1. Staff did not meet residents care obligations.

INVESTIGATION FINDINGS:

Licensing Program Analyst (LPA) Tao conducted an unannounced subsequent complaint investigation visit for the allegations listed above. LPA met with Administrator Itzayana Barba Aguirre and explained the reason for the visit.

LPA Tao conducted investigation visits on 05/05/2026, 06/16/2026 and 08/11/2026 (today).

The investigation consists of the following:

LPA toured the facility, interviewed eight (8) residents, attempted to interview resident#1 (R1) but the resident declined to be interviewed, interviewed four (4) staff, interviewed three (3) visitors, interviewed one (1) responsible party, and obtained the following documents:
(-Continued on LIC 9099C-)

Unsubstantiated **Estimated Days of Completion:**

SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Bonnie Tao
LICENSING EVALUATOR SIGNATURE: **DATE:** 08/11/2026

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FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 08/11/2026

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 (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: WHITTIER GLEN ASSISTED LIVING **FACILITY NUMBER:** 198603162

NARRATIVE

copies of the staff and resident rosters, In-service training related to scabies, resident#1 (R1)'s files including Admission Agreement, Admission Record, Progress notes, Physician's Reports, Medical Assessment for Residential Care Facilities for the Elderly, Preplacement Appraisal, Assisted Living Waiver Patient's Rights (or ALW agreement), lab result of scabies examination (specimen collection date 04/07/2026), hospital report dated 05/05/2026 and 06/10/2026, Assisted Living Program's communication log from 03/11/2026 to 06/02/2026, and progress note dated 04/21/2026.

During today's visit LPA conducted interviews with visitors and family member, reviewed hospital reports and toured the physical plant. There were no immediate health and safety concerns observed.

The investigation revealed the following:
Regarding allegation: Staff did not meet resident's care obligations - It is alleged that staff did not provide care to resident resulted in body rash. Per resident interviews, eight (8) out of eight (8) residents interviewed could not corroborate the allegation. Residents stated their care needs were being met. Four (4) out of four (4) staff interviewed denied the allegation. Three (3) out of three (3) visitors could not corroborate the allegation. One (1) out of one (1) family member interviewed stated the facility did not meet resident's care needs. Per record review, staff had training regarding providing proper cares to residents such checking on residents' for body rash and scabies. Proper pre-cautious protocol was in place when body rash was observed. Per observation, residents observed to be clean and look fine.

Based on the information obtained during the investigation, interviews with staff, residents, review of resident files and LPA's observation, the investigation did not reveal any evidence to support the allegations mentioned above.

Although the allegations may have happened or are valid, there is no preponderance of evidence to prove the alleged violations did or did not occur, therefore, the allegations are UNSUBSTANTIATED.

An exit interview was conducted with Administrator Itzayana Barba Aguirre. The findings were discussed and a copy this report was provided.

SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Bonnie Tao
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026

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: WHITTIER GLEN ASSISTED LIVING **FACILITY NUMBER:** 198603162

VISIT DATE: 08/11/2026

NARRATIVE

Four (4) out of four (4) staff interviewed denied the allegation. Three (3) out of three (3) visitors and one (1) out of one (1) family member interviewed revealed that R1 was cleared for return to the facility on 04/10/2026. Per the hospital report, R1's medical clearance was on 04/10/2026. Per the lab result, R1 did not have scabies.

R1's ALWP's 60 day return window ended on 04/13/2026. As mentioned above, the responsible party and ALWP representative made multiple attempts to communicate with the facility as well as notified the administrator that R1 did not have scabies on 04/10/2026, but the administrator did not respond until 04/15/2026, which had passed the 60-day deadline required to maintain the R1's ALWP admission retention requirements.

Based on the information obtained during the investigation, interviews with staff, residents, review of resident files and LPA's observation, the preponderance of evidence standard has been met, therefore the above allegations are found to be SUBSTANTIATED. Deficiencies are being cited according to California Code of Regulations, Title 22 and Health and Safety Code.

An exit interview was conducted with Administrator Itzayana Barba Aguirre. Copies of this report and appeal rights were provided.

SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Bonnie Tao
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026

Control Number 28-AS-20260501141051

FACILITY NAME: WHITTIER GLEN ASSISTED LIVING **FACILITY NUMBER:** 198603162
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/11/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/14/2026 **Section Cited** CCR 87468.1(a)(9)	Personal Rights of Residents in All Facilities (a)(9) To have communications to the licensee from their representatives answered promptly and appropriately. This requirement is not met as evidenced by:	Licensee agreed to provide (1) a statement according to 87468.1(a)(9) that indicate how to prevent future occurrence. (2) in-service training regarding responding to residents' authorized presentative timely by POC due date.
	Administrator did not respond to resident#1 (R1)'s responsible party's communication and failed to follow up with resident's Assisted Living Waiver Program (ALWP). Based on observation and record review, the licensee did not comply with the section cited above which poses a potential	

		health and safety risk to residents in care.		
Type B 08/14/2026 **Section Cited** CCR 87468.1(a)(8)	1 2 3 4 5 6 7	To have their representatives regularly informed by the licensee of activities related to care or services,...as appropriate to their needs. This requirement is not met as evidenced by:	1 2 3 4 5 6 7	Licensee agreed to provide (1) a statement according to 87468.1(a)(8) that indicate how to prevent future occurrence. (2) in-service training regarding responding to residents' authorized presentative timely by POC due date.
	8 9 10 11 12 13 14	Administrator did not assist R1 to maintain in ALWP 60-day retention requirement to meet R1's cares and service needs. Based on observation and record review, the licensee did not comply with the section cited above which poses a potential health and safety risk to residents in care.	8 9 10 11 12 13 14	

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: Lisa Hicks
LICENSING EVALUATOR NAME: Bonnie Tao
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026