

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603162
Report Date: 01/16/2024
Date Signed: 01/16/2024 11:59:53 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **12/11/2023** and conducted by Evaluator Jewel Baptiste

	COMPLAINT CONTROL NUMBER: 28-AS-20231211153326
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FACILITY NAME: WHITTIER GLEN ASSISTED LIVING	FACILITY NUMBER: 198603162
ADMINISTRATOR: FORSGREN, MICHAEL	FACILITY TYPE: 740
ADDRESS: 10615 JORDAN RD	TELEPHONE: (562) 943-3724
CITY: WHITTIER	STATE: CA
CAPACITY: 93	ZIP CODE: 90603
	CENSUS: 69
	DATE: 01/16/2024
MET WITH: Business Office Manager Lizbeth Acuna	UNANNOUNCED TIME BEGAN: 08:50 AM
	TIME COMPLETED: 12:15 PM

ALLEGATION(S):

1	Staff member is verbally abusive to resident(s) in care.
2	Staff member threatens resident(s) in care.
3	Staff member yells at resident(s) in care.
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INVESTIGATION FINDINGS:

1	On 01/16/2024 at 8:50 a.m., Licensing Program Analyst (LPA) Jewel Baptiste conducted a subsequent
2	complaint investigation regarding the above listed allegations. Upon arrival LPA met with Business Office
3	Manager Lizbeth Acuna and LPA explained the reason for the visit.
4	
5	During the initial visit on 12/18/2023, LPA Baptiste toured the facility with Wellness Director and Business
6	Office Manager. LPA interviewed Wellness Director and a total of two (2) staff who shall be referred to as
7	S2, and S3. LPA attempted to call S1 and left a voice mail. LPA interviewed a total eight (8) residents
8	who shall be referred as R1 through R8. During the visit LPA obtained the staff roster, resident roster and
9	R1's physicians report. File review for S1 was also conducted.
10	
11	Prior to the visit LPA contacted S1 via phone and conducted an interview.
12	
13	Report continued on 9099c

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST: Jewel Baptiste
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/16/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/16/2024

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: WHITTIER GLEN ASSISTED LIVING

FACILITY NUMBER: 198603162

VISIT DATE: 01/16/2024

NARRATIVE

1 The investigation reveals the following: Regarding "Staff member is verbally abusive to resident(s) in
2 care". It is alleged that S1 is verbally abusive to R1. The wellness director confirmed that R1 complained
3 about S1. They further stated they have never witnessed S1 being verbally abusive but still addressed
4 the situation by speaking to S1 about R1. 3 out of 3 staff denied the allegation stating they have never
5 witnessed staff verbally abusing residents, nor have they ever treated the residents in that manner. 2 out
6 of 8 residents stated a staff member has been verbally abusive. 6 out of 8 residents stated they have
7 never seen staff verbally abuse residents and the residents are the one's verbally abusing staff. LPA
8 reviewed S1's file and did not observe any disciplinary actions.

10 The investigation reveals the following: Regarding "Staff member threatens resident(s) in care". It is
11 alleged that S1 threatens R1. The wellness director confirmed that R1 complained about S1. They
12 further stated they have never witnessed S1 threatening R1, but still addressed the situation by
13 speaking to S1 about R1. 3 out of 3 staff denied the allegation stating they have never witness staff
14 threatening the residents nor have they ever treated the residents in that manner. 1 out of 8 residents
15 stated they were threatened by S1's tone of voice. 7 out of 8 residents stated they have never seen staff
16 threaten residents. LPA reviewed S1's file and did not observe any disciplinary actions.

18 The investigation reveals the following: Regarding "Staff member yells at resident(s) in care". It is
19 alleged that S1 yelled at R1. The wellness director confirmed that R1 complained about S1. They further
20 stated they have never witnessed S1 yelling at R1, but still addressed the situation by speaking to S1
21 about R1. 3 out of 3 staff denied the allegation stating they have never witness staff yelling at the
22 residents nor have they ever treated the residents in that manner. 2 out of 8 residents stated a staff
23 member has yelled at them. 6 out of 8 residents stated they have never seen staff yelling at the
24 residents and the residents are the one's yelling at the staff. LPA reviewed S1's file and did not observe
25 any disciplinary actions.

27 Based on LPA's interviews, investigation revealed: Although the allegation may have happened or is
28 valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur,
29 therefore the allegation is UNSUBSTANTIATED.

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Exit interview conducted with Wellness Director Kathleen McDonald and Business Office Manager
Lizbeth Acuna and a copy of this record provided.

NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST: Jewel Baptiste
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/16/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/16/2024

