

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603163
Report Date: 07/02/2026
Date Signed: 07/02/2026 01:53:59 PM

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 **06/26/2026** and conducted by Evaluator Jewel Baptiste

	COMPLAINT CONTROL NUMBER: 28-AS-20260626143821
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FACILITY NAME:	CALIFORNIA MISSION INN - ROSE MANOR	FACILITY NUMBER:	198603163
ADMINISTRATOR:	JARED GREEN	FACILITY TYPE:	740
ADDRESS:	4825 EARLE AVE	TELEPHONE:	(626) 287-0438
CITY:	ROSEMEAD	ZIP CODE:	91770
CAPACITY:	85	DATE:	07/02/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	08:19 AM
	CENSUS: 69	TIME	02:07 PM
MET WITH:	Administrator Jared Green	COMPLETED:	

ALLEGATION(S):

1	Staff are not addressing cockroach infestation at facility
2	Staff are not addressing mold at facility
3	Staff not addressing leak in resident rooms.
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INVESTIGATION FINDINGS:

1	On 07/01/2026, Licensing Program Analyst (LPA) Jewel Baptiste conducted an initial visit to investigate the above allegations. LPA Baptiste met with Administrator Jared Green and Maintenance Supervisor Andy Caro-Mendoza and discussed the purpose of today's visit.
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5	During today's visit, LPA Baptiste toured the facility with the Maintenance Supervisor and inspected rooms 104, 107(vacant), 109 (vacant), 211 (vacant), 220, 303, 304, 405, 407, and 418. LPA also interviewed the Administrator and Staff #1- #4 (S1-S4). LPA interviewed a total of 7 residents, who shall be referred to as resident #1 through resident #7 (R1-R7). LPA obtained the staff roster, resident roster, and pest control invoices from Bellas Exterminator for April, May, and June; a statement from Enco Engineering Inc.; and Work orders for June.
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12	Report Continued on 9099c
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Hicks	
LICENSING EVALUATOR NAME: Jewel Baptiste	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/02/2026

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 28-AS-20260626143821

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CALIFORNIA MISSION INN - ROSE MANOR	FACILITY NUMBER: 198603163
VISIT DATE: 07/02/2026	

NARRATIVE	
1	The investigation reveals the following: "Staff is not addressing cockroach infestation
2	at facility." It is alleged that cockroaches are present in various areas of the facility.
3	According to the facility Administrator, the facility does not have cockroaches. A pest
4	control company visits the facility weekly for preventive treatment. The administrator
5	further stated that if a resident reports any cases, it is handled right away. Four (4)
6	out of four (4) staff denied the allegation, stating that the facility currently does not
7	have cockroaches. They also confirmed that the pest control company is present on
8	the premises weekly. Seven (7) out of seven (7) residents denied the allegation and
9	stated they believe the facility will take care of it when needed. LPA reviewed the
10	pest control invoices and confirmed the preventative treatments.
11	
12	The investigation reveals the following: " Staff is not addressing mold at the facility".
13	It is alleged that there is mold in the bathrooms of bedrooms 104, 107, 109, and 211.
14	It was also alleged that mold is growing on the kitchen ceiling. The Administrator
15	stated they have never had issues with mold in the facility. Four (4) out of four (4)
16	staff denied the allegation, stating they have never seen mold. Seven (7) out of
17	seven (7) residents denied the allegation, stating they have never seen mold in the
18	facility. LPA toured the facility and did not observe mold in the building.
19	
20	The investigation reveals the following: " Staff not addressing leak in resident
21	rooms". It is alleged that the ceiling is leaking in the kitchen areas of the bedrooms.
22	The Administrator and all staff stated there is a leak in two (2) bedrooms; one (1) is
23	currently vacant, and maintenance staff is working on it. The other room is being
24	addressed by a plumber because the facility staff cannot locate the source of the
25	leak. Seven (7) out of seven (7) residents denied the allegation, stating they have
26	never had a leak in their rooms. LPA toured the facility and observed a small leak
27	under the kitchen sink. The staff stated it was observed on Tuesday, and a work
28	order is in process. LPA toured the facility and observed that most of the rooms
29	reported were vacant, and that staff are actively gutting and addressing the leaks.
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31	Based on LPA's interviews and observation, the investigation revealed that although
32	the allegation may have occurred or is valid, there is not a preponderance of
	evidence to prove whether the alleged violation did or did not occur; therefore, the
	allegation is UNSUBSTANTIATED.
	Exit interview conducted with Jared Green, and a copy of this record was emailed.

SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Jewel Baptiste

LICENSING EVALUATOR SIGNATURE:	DATE: 07/02/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/02/2026