

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603183
Report Date: 03/12/2026
Date Signed: 03/12/2026 02:18:53 PM

Unsubstantiated

| | |
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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 | |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/10/2026** and conducted by Evaluator Nune Margaryan

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| | COMPLAINT CONTROL NUMBER: 28-AS-20260310145542 |
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| FACILITY NAME: COUNTRY VIEW ASSISTED LIVING | FACILITY NUMBER: 198603183 |
| ADMINISTRATOR: DENNISE TORRES | FACILITY TYPE: 740 |
| ADDRESS: 824 W. CAMERON AVE | TELEPHONE: (626) 962-3511 |
| CITY: W. COVINA | ZIP CODE: 91790 |
| CAPACITY: 136 | DATE: 03/12/2026 |
| MET WITH: Claudia Cordoba | UNANNOUNCED TIME BEGAN: 09:10 AM |
| | TIME COMPLETED: 02:15 PM |

ALLEGATION(S):

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|---|--|
| 1 | Staff do not ensure that residents have access to facility |
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INVESTIGATION FINDINGS:

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| 1 | Licensing Program Analyst (LPA) Nune Margaryan conducted a complaint visit to investigate the allegation listed above. LPA met with Claudia Cordoba. Administrator arrived shortly after and assisted with the visit. Reason for the visit was explained. |
| 2 | |
| 3 | |
| 4 | |
| 5 | The investigation consisted of the following: LPA Margaryan toured the facility, obtained Staff and Residents rooster, conducted interviews with Administrator, Staff 1 to Staff 4 (S1 to S4) and Resident 1 to Resident 13 (R1 to R13). |
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| 10 | Continue 9099C |
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|------------------------|--------------------------------------|
| Unsubstantiated | Estimated Days of Completion: |
|------------------------|--------------------------------------|

SUPERVISORS NAME: Wei Siew Ho
LICENSING EVALUATOR NAME: Nune Margaryan
LICENSING EVALUATOR SIGNATURE:

DATE: 03/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/12/2026

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: COUNTRY VIEW ASSISTED LIVING

FACILITY NUMBER: 198603183

VISIT DATE: 03/12/2026

NARRATIVE

1 Regarding the allegation: Staff do not ensure that residents have access to facility. It was alleged that
2 facility entrance door is locked and when residents try to enter the facility, they can't open the door.
3 Resident left outside for extended periods of time because staff do not open the door.
4
5 Interviewed Administrator and staff denied the allegation. They stated that entrance door is locked from
6 outside for safety reason. Residents, visitors and family members must ring the doorbell at the front
7 entrance when arriving. Staff will then unlock the door using electronic door release system. Interviewed
8 Administrator and staff stated that residents never left outside for extended periods of time. Staff
9 respond promptly to the doorbell and buzz them in right away. Also, entrance system can be monitored
10 remotely using an iPad, which allows staff to view and communicate with individuals at the door and
11 unlock the entrance remotely. Interviewed staff stated facility maintains electronically controlled door
12 policy to support safety and timely access to the facility for all residents. Interviewed Administrator and
13 staff indicated that residents are not expected or permitted to open the entrance door for visitors and
14 signs are posted for reminding residents not to open the door for safety purpose. Residents interviewed
15 did not corroborate the allegation. Interviewed residents stated that the entrance door is locked from
16 outside but there is a doorbell that they used. Interviewed residents denied that they have been left
17 outside for long period of time and have never denied entry to the facility. They stated that it took a
18 couple of second staff to open the door. During today's visit LPA observed multiple signs at the front
19 door which stated "Please Ring the doorbell. If you need further assistance, please call. (Number was
20 provided)", "Wait for the beep. Then pull handle", "Attention All Residents: Please do not open door,
21 employees will open the door. Thank you" (English and Spanish).
22
23 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
24 prove the alleged violation did or did not occur, therefore the allegation is Unsubstantiated.
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26 Exit interview is conducted and a copy of this report was provided to Administrator.
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SUPERVISORS NAME: Wei Siew Ho
LICENSING EVALUATOR NAME: Nune Margaryan
LICENSING EVALUATOR SIGNATURE:

DATE: 03/12/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/12/2026

LIC9099 (FAS) - (06/04)

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