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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603183
Report Date: 06/25/2026
Date Signed: 06/25/2026 01:16:48 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 Nune Margaryan

	COMPLAINT CONTROL NUMBER: 28-AS-20260623181127

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	**STATE:** CA		**ZIP CODE:**	91790
CAPACITY:	136	**CENSUS:** 112		**DATE:**	06/25/2026
		UNANNOUNCED		**TIME BEGAN:**	08:50 AM
MET WITH:	Claudiua Cordoba			**TIME COMPLETED:**	01:00 PM

ALLEGATION(S):

1	Staff does not ensure the residents are provided a comfortable environment.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Nune Margaryan conducted a complaint visit to investigate the
2	allegation listed above. LPA met with Claudia Cordoba. Administrator Dennise Torres arrived shortly after
3	and assisted with the visit. Reason for the visit was explained.
4	
5	The investigation consisted of the following: LPA obtained copies of the resident and staff rosters, toured
6	the facility including common areas and residents' rooms, and conducted interviews with Resident 1 (R1)
7	through Resident 12 (R12), Administrator, and Staff 1 (S1) through Staff 3 (S3).
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9	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: 06/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/25/2026

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

Control Number 28-AS-20260623181127

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: COUNTRY VIEW ASSISTED LIVING **FACILITY NUMBER:** 198603183
VISIT DATE: 06/25/2026

NARRATIVE

Allegation: Staff does not ensure the residents are provided a comfortable environment. It was alleged that staff failed to ensure residents were provided a comfortable living environment due to a motor on all night long, making it hard for residents to sleep.

Interviewed Administrator and staff denied the allegation. They stated the facility maintains a comfortable and appropriate living environment for all residents during both daytime and nighttime hours, with no excessive noise that would disturb residents' comfort or sleep. They stated that they have not heard any loud motor or machine running noises within the facility that would disturb residents' sleep. Administrator denied receiving complaints regarding excessive/loud noise from any motor or machine running overnight that interfered with residents' ability to sleep. Interviewed staff stated they have not observed any motor, machine, or equipment causing excessive/loud noise during nighttime hours and did not hear any complaints regarding loud noise that made it hard for residents to sleep. Interviewed Administrator and staff stated the only sounds that may occasionally be heard are from the air conditioning system or maintenance work performed during daytime hours. They mentioned that the air conditioning system operates at a low level to maintain residents' comfort and all maintenance work is performed during reasonable daytime hours to minimize disruption. Interviewed residents stated they feel comfortable living at the facility and denied hearing any loud noises, including motor or machine-like noises, that would make it hard or difficult for them to sleep. During today's visit, LPA toured the facility including common areas and randomly selected residents' rooms. LPA did not hear any loud motor or machine-like noises. LPA observed the A/C was on and noted the noise level was low and not disruptive.

Based on interviews conducted and information obtained during the course of the investigation, there was insufficient evidence to support the allegation. Therefore, the allegation is deemed Unsubstantiated.

Exit interview conducted and a copy of this report was provided to Administrator.

SUPERVISORS NAME: Wei Siew Ho
LICENSING EVALUATOR NAME: Nune Margaryan
LICENSING EVALUATOR SIGNATURE:
DATE: 06/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/25/2026