

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 198603222  
Report Date: 01/29/2026  
Date Signed: 01/29/2026 01:48:13 PM

### Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/17/2026** and conducted by Evaluator Kimberly Ramirez

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 28-AS-20260117135300</b>
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<b>FACILITY NAME:</b> DISCOVERY COMMONS WHITTIER	<b>FACILITY NUMBER:</b> 198603222
<b>ADMINISTRATOR:</b> CASTILLO, JOSHUA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 12315 BURGESS AVENUE	<b>TELEPHONE:</b> (562) 777-1477
<b>CITY:</b> WHITTIER	<b>ZIP CODE:</b> 90604
<b>CAPACITY:</b> 125	<b>DATE:</b> 01/29/2026
<b>MET WITH:</b> Administrator George Gonzalez	<b>UNANNOUNCED TIME BEGAN:</b> 09:43 AM
	<b>TIME COMPLETED:</b> 02:00 PM

#### ALLEGATION(S):

1	Staff neglect resulted in resident sustaining an injury due to a fall.
2	Staff did not ensure resident was adequately hydrated.
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Ramirez conducted an unannounced subsequent complaint investigation visit on 01/29/2026 regarding the above allegations. On 01/22/2026, LPA Ramirez
2	conducted an unannounced initial complaint investigation, and a need further investigation was
3	documented. During today's visit LPA Ramirez was greeted by Administrator George Gonzalez and
4	explained the purpose of the visit.
5	The investigation consisted of the following: LPA Ramirez requested and obtained copies of
6	Resident/Client Roster, Staff Roster (LIC 500), Staff#1 - 5 interviews (S1 – S5), Attempted Interview of
7	Staff#6-7 (S6-S7), Attempted Interview of Resident#1-5 interviews (R1-R5), Attempted Interview with
8	R1's responsible party, Copies of Resident#1 (R1): Admissions Agreement, Change in Condition
9	Assessment, Observations Notes on R1, Physician Report and Admissions Orders, Unusual Incident
10	Reports, Hospice Care Orders and Notes and physical plant tour.
11	SEE 9099-C
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion: 90</b>
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SUPERVISORS NAME: Fernando Fierros  
LICENSING EVALUATOR NAME: Kimberly Ramirez  
LICENSING EVALUATOR SIGNATURE:

DATE: 01/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/29/2026

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  
MONTEREY PARK ASC, 1000 CORPORATE CNTR  
DR. ST 500  
MONTEREY PARK, CA 91754

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: DISCOVERY COMMONS WHITTIER

FACILITY NUMBER: 198603222

VISIT DATE: 01/29/2026

### NARRATIVE

1 The investigation revealed the following: regarding the allegation “**Staff neglect resulted in resident**  
2 **sustaining an injury due to a fall.**” It is alleged that staff neglect resulted in a resident sustaining an  
3 injury due to a fall. Five (5) out of five (5) staff interviewed denied this allegation. Staff interviews  
4 revealed that R1 was considered a high fall risk and staff took interventions to prevent R1’s falls. Staff  
5 interviews revealed that R1 was placed on 30-to-45-minute room checks, a fall mat was placed in their  
6 room, a wheelchair was used to assist R1, and staff attempted to keep R1 in common areas so that R1  
7 was always in line of sight of staff. Records reviewed revealed that R1 was admitted into the facility on  
8 11/27/2024. On 12/03/2024, R1 was moved into the facility memory care due to a change in condition.  
9 Review of Unusual Incident Reports revealed the following: on 06/01/2025, R1 had a witnessed fall and  
10 was observed with discoloration to their eye and nose and R1’s responsible party was notified and took  
11 to urgent care the same day. On 11/30/2025, R1 had a witnessed fall. R1 was assessed by staff and did  
12 not see any visible injuries. Staff contacted R1’s responsible party and R1’s physician regarding the fall.  
13 On 12/25/2025, R1 was observed laying on the hallway floor with discoloration to their forehead. Staff  
14 called 911 and R1 was sent to a local hospital for further evaluation. R1 was released later that day with  
15 no new orders but staff documented R1 was placed on frequent checks as a result of this fall. On  
16 01/15/2026, staff conducted a room check on R1 and discovered R1 on the floor with a minor cut to their  
17 forehead. Staff called 911 and R1 was taken to a local hospital for evaluation. R1’s responsible party  
18 and physician were notified of R1’s fall. R1 was admitted to the hospital and released back to the facility  
19 on 01/16/2026 with hospice care services. Review of R1’s change of condition assessment conducted  
20 on 10/26/2025, revealed that R1 was assessed as a high fall risk. LPA Ramirez attempted to interview  
21 R1’s responsible party but all attempts were unsuccessful. LPA Ramirez attempted to interview R1 but  
22 all attempts were unsuccessful. LPA Ramirez attempted to interview R2-R5 but due to cognitive  
23 impairment, responses were unreliable. Record review of R1’s observation notes documented room  
24 checks conducted by staff, R1’s falls and notification to R1’s responsible party and physician about the  
25 falls. Although the allegation may have happened or is valid, there is not a preponderance of evidence to  
26 prove the alleged violation did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.

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28 SEE 9099-C for continued narrative  
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SUPERVISORS NAME: Fernando Fierros  
LICENSING EVALUATOR NAME: Kimberly Ramirez  
LICENSING EVALUATOR SIGNATURE:

DATE: 01/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/29/2026

LIC9099 (FAS) - (06/04)

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Control Number 28-AS-20260117135300

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
MONTEREY PARK ASC, 1000 CORPORATE CNTR

**FACILITY NAME:** DISCOVERY COMMONS WHITTIER

**FACILITY NUMBER:** 198603222

**VISIT DATE:** 01/29/2026

**NARRATIVE**

1 **Staff did not ensure resident was adequately hydrated.**” It is alleged staff did not ensure R1 was  
2 adequately hydrated. Five (5) out of five (5) staff interviewed denied this allegation. Staff interviews  
3 revealed that R1 was always provided with water, however, R1 would at times refuse to eat or drink  
4 water. Staff interviews revealed that staff would encourage R1 to eat or drink water when R1 would  
5 initially refuse but R1 would get agitated if staff persisted. Review of staff observations notes revealed  
6 that staff documented R1’s refusal to eat or drink and staff notified R1’s responsible party and physician.  
7 LPA Ramirez did observe staffing notes that indicated R1 ate and drank water without resistance. LPA  
8 Ramirez attempted to interview R1’s responsible party but all attempts were unsuccessful. LPA Ramirez  
9 attempted to interview R1, but all attempts were unsuccessful. LPA Ramirez attempted to interview R2-  
10 R5 but due to cognitive impairment, responses were unreliable. Although the allegation may have  
11 happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did  
12 not occur, therefore the allegation is **UNSUBSTANTIATED**.  
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14 No deficiencies were cited. Exit interview was conducted. A copy of this report was provided.  
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**SUPERVISORS NAME:** Fernando Fierros

**LICENSING EVALUATOR NAME:** Kimberly Ramirez

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/29/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/29/2026