<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603222
Report Date: 05/22/2026
Date Signed: 05/22/2026 01:18:20 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 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 **03/09/2026** and conducted by Evaluator Kimberly Ramirez

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260309193845

FACILITY NAME:	DISCOVERY COMMONS WHITTIER			**FACILITY NUMBER:**	198603222
ADMINISTRATOR:	GEORGE GONZALEZ			**FACILITY TYPE:**	740
ADDRESS:	12315 BURGESS AVENUE			**TELEPHONE:**	(562) 777-1477
CITY:	WHITTIER	**STATE:** CA		**ZIP CODE:**	90604
CAPACITY:	125	**CENSUS:** 93		**DATE:**	05/22/2026
		UNANNOUNCED		**TIME BEGAN:**	09:33 AM
MET WITH:	Administrator George Gonzalez			**TIME COMPLETED:**	01:00 PM

ALLEGATION(S):

1	Staff does not ensure resident's care needs are being met due to lack of staff.
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Ramirez conducted an unannounced subsequent complaint
2	investigation visit on 05/22/2026 regarding the above allegation. On 03/12/2026, LPA Ramirez conducted
3	an initial complaint investigation visit and a need for further investigation was documented. During
4	today's visit LPA Ramirez was greeted by Administrator George Gonzalez and explained the purpose of
5	the visit.
6	
7	The investigation consisted of the following: LPA Ramirez requested and obtained copies of
8	Resident/Client Roster, Staff Roster, Staff#1 - 10 interviews (S1 – S10), Resident#1-8 interviews (R1-
9	R8), Interview of Witness#1 (W1), staffing schedules from March 2026 through May 2026, and physical
10	plant tour.
11	
12	SEE 9099-C
13	

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Kimberly Ramirez
LICENSING EVALUATOR SIGNATURE:
DATE: 05/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/22/2026

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

Control Number 28-AS-20260309193845

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: 05/22/2026

NARRATIVE

The investigation revealed the following: regarding the allegation **"Staff does not ensure resident's care needs are being met due to lack of staff."** It is alleged that staff are not meeting resident's care needs due to lack of staff. Ten (10) out of the ten (10) staff interviewed denied this allegation. Staff interviews revealed that additional staff have been hired due to additional admission of residents. Staff interviews revealed that residents who require more assistance due to their care plan receive additional assistance in a timely manner. Staff interviews revealed that residents who require use of a Hoyer lift always have two (2) staff to assist. Staff interviews revealed that on average days there are three (3) to four (4) caregivers and one (1) medication technician to assist residents in the assisted living section and memory care section. Eight (8) out of the eight (8) residents interviewed denied this allegation. Resident interviews revealed that there is sufficient staff to assist residents with their needs. Resident interviews revealed that staff meet all of the residents' needs majority of the time. Interview with W1 did not corroborate this allegation. Review of facility staffing schedules from March 2026 to May 2026 revealed additional staff were hired. During facility tour, LPA observed several staff providing care and supervision to residents. LPA observed residents to be well groomed and observed residents' rooms to be well maintained. Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.

No deficiencies were cited during this complaint investigation. Exit interview was conducted with Administrator George Gonzalez. A copy of this report was provided.

SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Kimberly Ramirez
LICENSING EVALUATOR SIGNATURE:
DATE: 05/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/22/2026