

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 198603242  
Report Date: 03/29/2024  
Date Signed: 03/29/2024 02:55:53 PM

## Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 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 **03/22/2024** and conducted by Evaluator Luis Mora

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 28-AS-20240322173338</b>
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<b>FACILITY NAME:</b> EUROPEAN CHRISTIAN HOME	<b>FACILITY NUMBER:</b> 198603242
<b>ADMINISTRATOR:</b> TRICE, THOMAS	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 9249 DALBERG STREET	<b>TELEPHONE:</b> (562) 397-2591
<b>CITY:</b> BELLFLOWER	<b>STATE:</b> CA
<b>CAPACITY:</b> 6	<b>ZIP CODE:</b> 90706
	<b>CENSUS:</b> 6
	<b>DATE:</b> 03/29/2024
	<b>UNANNOUNCED TIME BEGAN:</b> 11:20 AM
<b>MET WITH:</b> Lisa Trice - Secondary Administrator	<b>TIME COMPLETED:</b> 03:10 PM

**ALLEGATION(S):**

1	Staff do not give resident medication as prescribed.
2	Staff do not rotate resident as needed.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Luis Mora conducted an unannounced initial complaint visit to
2	determine the validity of the above-mentioned allegations. LPA met with Lisa Trice (Secondary
3	Administrator) and explained the reason for the visit.
4	
5	The investigation consisted of the following: LPA Mora obtained copies of the resident and staff rosters,
6	interviewed Administrator, Staff 1 - Staff 3 (S1 - S3) and Resident 2 - Resident 7 (R2 - R7), and reviewed
7	medication and rotation log for all residents. R1 moved out on December 9th, 2023.
8	
9	The investigation revealed the following: regarding the allegations "staff do not give resident medication
10	as prescribed", it is alleged that facility did not administer R1's medication as needed. Administrator and
11	staff denied the allegation and stated that medication is given as prescribed for all residents. Residents
12	interviewed could not corroborate the allegation. LPA reviewed medication for R2 - R7 for the month of
13	March 2024 and observed that medication is given as prescribed. (Continued to LIC 9099-C)

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Wei Siew Ho  
**NAME OF LICENSING PROGRAM ANALYST:** Luis Mora  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/29/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/29/2024

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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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
GREATER LA AC/SC, 1000 CORPORATE CNTR  
DR. ST 500  
MONTEREY PARK, CA 91754

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

**FACILITY NAME:** EUROPEAN CHRISTIAN HOME

**FACILITY NUMBER:** 198603242

**VISIT DATE:** 03/29/2024

**NARRATIVE**

1 Regarding the allegations "staff do not rotate resident as needed", it is alleged that R1 is bed bound and  
2 not being rotated every 2 hours. Administrator and staff denied the allegation and stated that R1 was not  
3 bed bound and spent most the time on a wheelchair in the living room and when R1 was on the bed  
4 they provided rotation every 2 hours. Review of R1's physician report dated 04/21/2023 shows that R1  
5 was not bedridden instead R1 was non-ambulatory. LPA observed 4 out of the 6 residents in  
6 wheelchairs in the living room. The other 2 residents were in bed and stated that staff do come and  
7 rotate them. All residents interviewed could not corroborate the allegation.  
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9 Although the allegations may have happened or are valid, there is not a preponderance of evidence to  
10 prove the alleged violations did or did not occur, therefore the allegations are unsubstantiated.  
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12 Exit interview held and a copy of the report was provided  
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**NAME OF LICENSING PROGRAM MANAGER:** Wei Siew Ho  
**NAME OF LICENSING PROGRAM ANALYST:** Luis Mora  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/29/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/29/2024