

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603286
Report Date: 08/24/2026
Date Signed: 08/24/2026 04:45:35 PM

Substantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 08/05/2026 and conducted by Evaluator Bennette Pena

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260805102326
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FACILITY NAME:	PASADENA VILLA SENIOR LIVING	FACILITY NUMBER:	198603286
ADMINISTRATOR:	MURPHY, MICHAEL	FACILITY TYPE:	740
ADDRESS:	1811 N. RAYMOND AVE	TELEPHONE:	(626) 791-6232
CITY:	PASADENA	ZIP CODE:	91103
CAPACITY:	97	DATE:	08/24/2026
		UNANNOUNCED TIME BEGAN:	09:56 AM
MET WITH:	Bryanna Luke - Administrator	TIME COMPLETED:	05:00 PM

ALLEGATION(S):

1	Staff did not safeguard a resident's belongings.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Bennette Pena conducted an unannounced subsequent complaint
2	investigation regarding the above-mentioned allegation. LPA met with Anaya Dews, Receptionist and
3	explained the purpose of the visit. Shortly after, administrator, Bryanna Luke arrived and assisted LPA.
4	
5	The investigation consisted of the following: On 08/14/2026, LPA toured the facility's common areas,
6	obtained a copy of the staff & resident rosters, Facility's policies on theft and loss, resident rights,
7	grievance procedures, Staff's Abuse/Mandated reporting training, Resident #1 (R1) files including:
8	Identification and Emergency Information/Face sheet, Physician's report, Admission agreement and
9	Appraisal Needs and Services Plan.
10	
11	During today's visit, LPA conducted a walkthrough of the common areas and obtained a copy of the staff
12	& resident rosters, R1's Unusual incident/injury report, Invoice/Delivery report for ordered items (July 17,
13	2026 & July 19, 2026). LPA interviewed Staff #1 (S1) – Staff #5 (S5) and Resident#1 (R1) – Resident #7
	(R7). ****CONTINUED ON LIC9099-C*****

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Hicks	
LICENSING EVALUATOR NAME: Bennette Pena	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/24/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 5
Control Number 28-AS-20260805102326

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: PASADENA VILLA SENIOR LIVING	FACILITY NUMBER: 198603286
	VISIT DATE: 08/24/2026

NARRATIVE	
1	The investigation revealed the following:
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4	Allegation: "Staff did not safeguard a resident's belongings." It was alleged that a package for
5	R1 was delivered to the facility on July 19, 2026, with notification that S2 had received it, but the
6	package could not be found. Staff interviewed confirmed that they know that R1 has previously stated
7	that a package that was delivered to the facility is missing. S2 confirmed receiving the package on
8	07/19/2026 for R1, and stated to have left it on R1's bed in their room the same day. Staff confirmed
9	that they do not have a delivery package tracking system in place or a signed facility inventory list. S1-
10	S2 stated that after R1 complained about the missing package, they started logging the receipt of
11	packages signed by both the residents and facility.
12	Residents interviewed stated they hardly order items online, and if they do, they receive it themselves.
13	Documents reviewed revealed that R1 ordered items on 07/17/2026 and 07/19/2026 with proof of
14	delivery reports. The facility confirmed receipt of a package for R1 during interviews and documents
15	reviewed, however the package could not be located due to a lack of tracking system or log. Despite
16	the presence of a video camera in the facility, S1 stated that they do not have a video evidence of the
17	package's arrival or S2 delivering it to R1's room. Therefore, there was sufficient evidence to
18	corroborate with this allegation.
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20	Based on staff interviews, resident interviews and record reviews, the preponderance of evidence
21	standard has been met, therefore the above allegation is found to be SUBSTANTIATED . Deficiency
22	cited on the attached LIC 9099D.
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25	An exit interview was conducted, and a copy of this report was provided to the administrator, Bryanna
26	Luke along with the appeal rights.
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SUPERVISORS NAME: Lisa Hicks	
LICENSING EVALUATOR NAME: Bennette Pena	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/24/2026
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LIC9099 (FAS) - (06/04) Page: 2 of 5

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	

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260805102326
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FACILITY NAME: PASADENA VILLA SENIOR LIVING	FACILITY NUMBER: 198603286
ADMINISTRATOR: MURPHY, MICHAEL	FACILITY TYPE: 740
ADDRESS: 1811 N. RAYMOND AVE	TELEPHONE: (626) 791-6232
CITY: PASADENA	ZIP CODE: 91103
CAPACITY: 97	DATE: 08/24/2026
STATE: CA	UNANNOUNCED TIME BEGAN: 09:56 AM
CENSUS: 64	TIME COMPLETED: 05:00 PM
MET WITH: Bryanna Luke - Administrator	

ALLEGATION(S):

1	Staff threatened to evict resident.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Bennette Pena conducted an unannounced subsequent complaint
2	investigation regarding the above-mentioned allegation. LPA met with Anaya Dews, Receptionist and
3	explained the purpose of the visit. Shortly after, administrator, Bryanna Luke arrived and assisted LPA.
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9	Appraisal Needs and Services Plan.
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11	During today's visit, LPA conducted a walkthrough of the common areas and obtained a copy of the staff
12	& resident rosters, R1's Unusual incident/injury report, Invoice/Delivery report for ordered items (July 17,
13	2026 & July 19, 2026). LPA interviewed Staff #1 (S1) – Staff #5 (S5) and Resident#1 (R1) – Resident #7 (R7). ****CONTINUED ON LIC9099-C*****

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Hicks	
LICENSING EVALUATOR NAME: Bennette Pena	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/24/2026
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: PASADENA VILLA SENIOR LIVING	FACILITY NUMBER: 198603286
	VISIT DATE: 08/24/2026

NARRATIVE	
1	The investigation revealed the following:
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3	Allegation: "Staff threatened to evict resident." It was alleged that R1 has never been late on his
4	rent but was told by a staff member that if they do not pay \$1420 next month, they will be evicted.
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6 Additionally, R1 felt that this in retaliation because of the police report filed for theft. Staff interviewed
7 denied the allegation, stating that R1 was enrolled in an Assisted Living Waiver Program/ALW but has
8 not paid his rent (room & board) since moving in the facility in 2023. S1 stated that they have been
9 trying to collect rent from R1 several times and denied that the attempts to collect rent were retaliatory
10 acts brought on by a police report filed by R1. All residents interviewed denied having been threatened
11 with eviction or retaliation. (2) of (6) residents interviewed stated that they know of other residents who
12 had been evicted due to breaking the facility's house rules or for failing to pay their dues. R1 stated that
13 after filing the police report for theft, they received a verbal eviction warning, without witnesses and
14 that the facility did not provide them with an eviction notice. R1 also confirmed that they have not paid
15 anything to the facility because they were told that Medical would cover their rent instead. Documents
16 reviewed revealed that R1 signed the ALW individual service plan agreement when they moved in on
17 06/20/2023.
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20 Based on statements and interviews conducted with residents and staff as well as reviewed files and
21 documentation, there was not enough supportive evidence to corroborate the allegation.
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25 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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29 Exit interview conducted and a copy of this report was provided to the administrator, Bryanna Luke.
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SUPERVISORS NAME: Lisa Hicks	
LICENSING EVALUATOR NAME: Bennette Pena	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/24/2026
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: PASADENA VILLA SENIOR LIVING

FACILITY NUMBER: 198603286

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/24/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/31/2026 Section Cited CCR 87218(a)(2)	1 (a) The licensee shall ensure an 2 adequate theft and loss program.....(2) 3 A licensee who fails to make 4 reasonable efforts to safeguard resident 5 property, shall reimburse a resident for 6 or replace stolen or lost resident 7 propertyThe licensee shall.... made reasonable efforts to safeguard resident property to meet each requirement specified in Section 1569.153. This requirement is not met as evidenced by:	1 Administrator agreed to develop a 2 package tracking system or log to be 3 signed by the resident and staff. 4 Administrator also agreed to submit an 5 agreement between staff & R1 that 6 facility will reorder the missing items to 7 replace them. Administrator to send proof/invoice to CCL/LPA by POC due date.
	8 Based on interviews and record 9 reviewed, Administrator failed to 10 safeguard R1's properties/belongings 11 and cannot locate delivered packages 12 which were confirmed delivered to the facility on 07/17/2026 & 07/19/2026 due	

	13 14	to a lack of tracking system or log which poses a potential Health, Safety, and Personal Risk to residents in care.	13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Lisa Hicks LICENSING EVALUATOR NAME: Bennette Pena LICENSING EVALUATOR SIGNATURE: DATE: 08/24/2026	
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FACILITY REPRESENTATIVE SIGNATURE: DATE: 08/24/2026	