

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603328
Report Date: 08/14/2026
Date Signed: 08/14/2026 09:07:14 AM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 02/23/2026 and conducted by Evaluator Sanjay Vaid

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260223144352
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FACILITY NAME: A FAITHFUL HOME OF COVINA		FACILITY NUMBER:	198603328
ADMINISTRATOR:DUONG, THANG		FACILITY TYPE:	740
ADDRESS:	1084 W GROVECENTER ST.	TELEPHONE:	(626) 244-9999
CITY:	COVINA	ZIP CODE:	91722
CAPACITY:	6	DATE:	08/14/2026
MET WITH: Lead Caregiver Glen Oriemo		UNANNOUNCED TIME BEGAN:	11:45 AM
		TIME COMPLETED:	02:30 PM

ALLEGATION(S):

1	Staff did not seek medical attention for resident.
2	Staff did not provide adequate supervision to residents in care.
3	Staff has inappropriate interaction with resident.
4	Administrator does not have qualifications.
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9	

INVESTIGATION FINDINGS:

1	***This licensing report supersedes the previous licensing report dated 06/16/26 to add an additional allegation and to clarify information obtained during the complaint investigation. The investigation findings will remain the same***
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3	
4	
5	On 02/23/26, LPA Vaid requested and obtained for review the following documents, staff and resident roster, R1's face sheet/ID, physician report, needs and services, medication record and medication administered record, physician orders for medications. Interviewed staff #1-#3. Interviewed clients R#2- and R#3. Unusual Incident report dated 02/14/2026 and 03/01/26. LPA collected staff and resident roster. Interviewed staff and residents.
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7	
8	
9	On 06/16/2026, Licensing Program Analyst (LPA) Vaid conducted subsequential visit to the facility and was met by Lead Caregiver- Glen Oriemo explained the reason for the visit, administrator was notified. Administrator was unavailable. LPA Vaid and Caregiver Oriemo toured the facility and did not observe any health or safety concerns.
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11	
12	
13	On today's visit, Licensing Program Analyst (LPA) Vaid conducted subsequential visit and met with lead caregiver Glen Oriemo, discussed the visit. Glen informed the administrator and assisted with tour of the

facility, no health and safety concerns observed. LPA Vaid spoke with Administrator on telephone and discussed visit. CONTINUED ON 9099C.....

Unsubstantiated

Estimated Days of Completion: 0

SUPERVISORS NAME: Fernando Fierros

LICENSING EVALUATOR NAME: Sanjay Vaid

LICENSING EVALUATOR SIGNATURE:

DATE: 08/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/13/2026

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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Control Number 28-AS-20260223144352

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: A FAITHFUL HOME OF COVINA

FACILITY NUMBER: 198603328

VISIT DATE: 08/14/2026

NARRATIVE

1 ***This licensing report supersedes the previous licensing report dated 06/16/26 to add an additional
2 allegation and to clarify information obtained during the complaint investigation. The investigation
3 findings will remain the same***
4
5 The investigation revealed the following:
6
7 Allegation: Staff did not seek medical attention for resident. It is alleged that a resident informed staff of
8 not feeling well and resident requested medical attention, however staff did not seek medical attention
9 for resident. Interviews with three (3) of three (3) staff deny the allegation. Staff stated an incident
10 occurred on 02/14/26 between R1 and R2. R2 clipped R1's toenails and injured R1's toe. Staff stated
11 upon hearing R1's calls for assistance, staff provided R1 with first aid and staff called 911. R1 was taken
12 to hospital by first responders. Staff #1 (S1) stated when residents request medical attention, the staff
13 notify the resident's physician and await further orders from the physician. Staff provide residents with
14 PRN medication for pain when needed. Staff stated residents are always transported for medical
15 treatment when needed. Staff stated that residents can also call for emergency services, if residents feel
16 ill. Staff do not interfere with residents seeking medical attention. Three (3) of four (4) residents stated
17 getting medical attention when required. Staff call to obtain medical assistance for residents when
18 necessary. Based on interviews and records review, there is no evidence to corroborate this allegation.
19
20 Allegation: Staff did not provide adequate supervision to residents in care. It is alleged that a resident
21 entered another resident's room with nail clippers, cut residents toenails and the resident needed to call
22 staff for assistance. Three (3) of three (3) staff deny the allegation. Staff #1 (S1) stated residents are
23 free to roam the facility and visit other residents' rooms via invitation. S1 reported that on 02/14/26, an
24 isolated incident occurred between R1 and R2. R2 was invited by R1 into R1's room, R2 offered to cut
25 R1's toenails. R1 refused R2's offer and yelled for help as R2 cut and tore off R1's toenail. Upon staff
26 hearing R1's request for help, staff immediately responded and went to R1's room to assist R1. S1
27 called 911, while R2 administered first aid to R1. Staff redirected R2 away from R1 multiple times. R2
28 attempted to interfere with staff giving 1st Aid to R1. Staff #3 (S3) separated R2 from R1. Staff informed
29 R2 that R1's nails are to be trimmed by a Podiatrist. S1 stated that R1 and R2 have no previous history
30 of aggression toward one another. Three (3) of four (4) residents could not corroborate this allegation.
31 Two (2) of four (4) residents stated residents receive adequate care and supervision from staff. Based
32 on staff and residents' interviews, there is no evidence to corroborate this allegation.
CONTINUED ON 9099C.....

SUPERVISORS NAME: Fernando Fierros

LICENSING EVALUATOR NAME: Sanjay Vaid

LICENSING EVALUATOR SIGNATURE:

DATE: 08/14/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/13/2026

Control Number 28-AS-20260223144352

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:** A FAITHFUL HOME OF COVINA**FACILITY NUMBER:** 198603328**VISIT DATE:** 08/14/2026**NARRATIVE**

1 ***This licensing report supersedes the previous licensing report dated 06/16/26 to add an additional
2 allegation and to clarify information obtained during the complaint investigation. The investigation
3 findings will remain the same***
4

5 Allegation: Staff has inappropriate interaction with resident. It is alleged that staff make inappropriate
6 comments to residents, staff threaten residents by referring to federal law and tell a resident that the
7 resident does not pay to reside in the facility due to receiving government subsidy payments. Interviews
8 with three (3) of three (3) staff deny the allegation. Staff stated they are providing residents with
9 comfortable care and staff are meeting the residents' needs. Staff stated they treat residents with dignity
10 and respect and provide residents with words of positive affirmation. Interviews with three (3) of four
11 (4) residents could not corroborate the allegation. Two (2) of four (4) residents' stated the staff are
12 respectful and staff do not have inappropriate interaction with residents. Based on staff and residents'
13 interviews and observations, there is no evidence to corroborate this allegation.
14

15 Allegation: Administrator does not have qualifications. It is alleged that Administrator is not qualified to
16 serve as the facility administrator and is making safety-related decisions that Administrator is not
17 qualified to make. Interviews with three (3) of four (4) staff deny the allegation. Staff #1 (S1) stated not
18 being the Administrator for the facility, and works as the Lead Caregiver of the facility. LPA Vaid spoke to
19 Facility Administrator on file for the facility operations. The Administrator stated that S1 has been the
20 Lead Caregiver at the facility for over four (4) years and is knowledgeable regarding the facility protocols
21 and procedures. Administrator stated being informed by S1, S2, S3 during emergencies and serious
22 incidents that affect the resident's care. Administrator stated being the facility's back-up Administrator for
23 1.5 years and is making safety-related decisions upon the facility operations, staff oversight/training and
24 residents care. S4 stated having completed the residential care for the elderly administrator certificate
25 program. Administrator certificate Effective 02/07/2025, expiration 02/06/2027. Interviews with five (5) of
26 five (5) stated S4 is the administrator residents communicate their issues.
27 Based on records review and interviews, there is no evidence to corroborate this allegation.
28

29 Although the allegation(s) may have happened or are valid, there is not a preponderance of evidence to
30 prove the alleged violation(s) did or did not occur; therefore, the allegation(s) are unsubstantiated.
31

32 Exit interview was conducted with staff, Glen Oriemo

SUPERVISORS NAME: Fernando Fierros**LICENSING EVALUATOR NAME:** Sanjay Vaid**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/13/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/13/2026