

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603383
Report Date: 07/17/2025
Date Signed: 07/17/2025 03:03:13 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/22/2025** and conducted by Evaluator Daniel Konishi

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20250522082507
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FACILITY NAME: TERRACES AT VIA VERDE-A MEMORY CARE COMMUNITY, THE	FACILITY NUMBER: 198603383
ADMINISTRATOR: JAKINI, ROBERT	FACILITY TYPE: 740
ADDRESS: 1155 VIA VERDE	TELEPHONE: (909) 293-6466
CITY: SAN DIMAS	STATE: CA ZIP CODE: 91773
CAPACITY: 60	CENSUS: 43 DATE: 07/17/2025
MET WITH: Subishsani Kumar, Executive Director	UNANNOUNCED TIME BEGAN: 02:35 PM
	TIME COMPLETED: 03:15 PM

ALLEGATION(S):

1	Licensesee does not provide a safe environment for residents in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Daniel Konishi conducted an subsequent unannounced initial complaint
2	visit at the facility and met with Mark Chism to discuss the purpose for today's visit. The Executive
3	Director, Subishsani Kumar arrived shortly after and LPA explained the purpose of the visit. The purpose
4	of the visit is to investigate the above allegation.
5	
6	On 05/27/2025, the initial investigation visit was conducted. The investigation consisted of the following:
7	LPA interviewed the Executive Director, Maintenance Director, Staff #1 (S1) - Staff #7 (S7). LPA also
8	interviewed Resident #3 (R3) – Resident #7 (R7). LPA attempted to interview Resident #1 (R1) and
9	Resident #2 (R2), however, due to the residents' inability to answer questions, LPA terminated the
10	interviews. LPA obtained copies from R1's to R2's file, including the Physician's Report, Identification and
11	Emergency Information LIC 601 form, Pre-placement Appraisal, Admission Agreement, Personal Rights
12	and Internal Incident Reports. LPA also obtained the staff and residents rosters, and the facility's House
13	Rules. LPA toured the facility with the Maintenance Director.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Daniel Konishi
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/17/2025

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-20250522082507

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: TERRACES AT VIA VERDE-A MEMORY CARE COMMUNITY, THE

FACILITY NUMBER: 198603383

VISIT DATE: 07/17/2025

NARRATIVE

1 During today's visit, LPA obtained the following documents: staff and client rosters.
2
3 Regarding allegation: Licensee does not provide a safe environment for residents in care. it is alleged
4 that a resident is abusing another resident and staff are not addressing the resident's behavior, which is
5 creating an unsafe environment for residents in care. Six (6) out of nine (9) staff interviewed denied the
6 allegation. Two (2) out of nine staff interviewed corroborated the allegation and stated being concerned
7 about the multiple occurrences of R1's physical altercations with R3. One (1) out of nine (9) staff
8 interviewed could not confirm nor deny the allegation. However, nine (9) out of nine (9) staff stated that if
9 residents are involved in an altercation, the staff would immediately intervene, separate, and re-direct
10 the residents being involved. Nine (9) out of nine (9) staff stated that there have been no reported
11 injuries from any resident-on-resident physical or verbal altercations. Nine (9) out of nine (9) staff stated
12 that R1 only able to speak a different language which causes R1 to become more agitated and become
13 physically aggressive. However, nine (9) out of nine (9) staff stated that R1's family does visit daily and
14 also able to help communicate by the phone to provide assistance. Executive Director also stated that
15 they use their cellphone apps to help communicate with R1. Based on record review, R1's current
16 physician's report does not have a history of aggressive behavior. However, R1's Pre-placement
17 appraisal does state mild nervousness or anxiousness. The Executive Director and (2) out of eight (8)
18 staff stated that R1 is adjusting due to recently moving into the facility and that medications taken also
19 take time for R1 to become stable. Executive Director confirmed that in order to ensure safety, R1 and
20 R3 were moved to different rooms on 05/28/2025. Executive Director stated that if resident's aggressive
21 behavior continues, they would continue to address and work with residents who have aggressive
22 behaviors. Executive Director stated that R1 moved out of the facility on 06/06/2025. Five (5) out of five
23 (5) residents interviewed denied the allegation and stated that they feel safe at the facility. None of the
24 residents interviewed stated being physically or verbally abused by another resident or staff. Based on
25 interviews conducted with facility staff, facility client, witnesses, and record review, there was not enough
26 supportive evidence to concur with the reported allegation.
27
28 Based on statements and interviews conducted with staff, clients, review of client files and facility file
29 records, there was not enough supportive evidence to concur with the reported allegation. Although the
30 allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged
31 violation did or did not occur, therefore the allegations are UNSUBSTANTIATED.
32
Exit interview held, and a copy of this report was provided to the Executive Director, Subishsani Kumar.

NAME OF LICENSING PROGRAM MANAGER: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Daniel Konishi
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/17/2025

