

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603384
Report Date: 06/12/2026
Date Signed: 06/12/2026 09:39:18 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 10/28/2025 and conducted by Evaluator Glenn Trueman

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20251028091841
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FACILITY NAME: PASADENA HIGHLANDS	FACILITY NUMBER: 198603384
ADMINISTRATOR: KAY CANO	FACILITY TYPE: 740
ADDRESS: 1575 E WASHINGTON BLVD	TELEPHONE: (801) 815-0808
CITY: PASADENA	ZIP CODE: 91104
CAPACITY: 245	DATE: 06/12/2026
	UNANNOUNCED TIME BEGAN: 08:30 AM
MET WITH: Administrator Thomas Rekowski	TIME COMPLETED: 09:45 AM

ALLEGATION(S):

1	Staff did not provide adequate supervision resulting in resident sustaining a fracture.
2	Staff did not seek medical attention to resident in a timely manner.
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INVESTIGATION FINDINGS:

1	The purpose of today's visit 6/12/26 is to remove confidential information from the Complaint
2	Investigation Reports (9099, 9099C and continuation 9099 C) which was issued on 5/14/26.
3	The following was done on the initial visit conducted on 10/30/25:
4	LPA requested copies of resident and staff rosters, LPA conducted a tour of the facility and common
5	areas. LPA observed a sufficient supply of perishable and non-perishable foods. LPA observed the
6	residents to identify any signs of neglect, abuse, or other immediate health and safety threats. LPA did
7	not observe any immediate health and/or safety concerns.
8	On 5/14/2026, Licensing Program Analyst (LPA) Glenn Trueman conducted an unannounced subsequent
9	visit to Pasadena Highlands. Upon arriving at the facility, LPA met with the Administrator Thomas
10	Rekowski and explained the reason for the visit.
11	At visit 5/14/2026 interviews were conducted with Resident's R2-R12.
12	Interviews were conducted with the Administrator, Staff S1 and Staff S2.
13	Investigation was conducted by the Department and completed 04/9/2026 for allegations

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Wei Siew Ho	
LICENSING EVALUATOR NAME: Glenn Trueman	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/12/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/12/2026

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 3
Control Number 28-AS-20251028091841

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: PASADENA HIGHLANDS	FACILITY NUMBER: 198603384
	VISIT DATE: 06/12/2026

NARRATIVE	
1	Staff did not provide adequate supervision resulting in resident sustaining a fracture and Staff did not
2	seek medical attention to resident in a timely manner.
3	Investigation was conducted by the Department and interviews were conducted with the
4	reporting party, facility staff members and Metro Medical Hospice medical staff.
5	Additionally, Metro Medical Hospice records and nurse notes were obtained.
6	Per the facility staff, during a routine check on October 3, 2025, Resident R1 was
7	found on the mat floor of the bedroom. Staff asked Resident R1 for details of the
8	fall and immediately assessed Resident R1 for any injuries and pain. Staff did not
9	observe any injuries, swelling or redness. Additionally, Resident R1 denied having
10	any pain. Staff immediately contacted Metro Hospice and reported the fall
11	incident. Doctor was also notified. Person (P1) instructed staff to monitor Resident
12	R1 and notify them of any changes in condition. On October 6, 2025, Person 1
13	(P1) evaluated R1 and noted there was no complaining of any pain, no bruises or
14	fractures were observed. On October 16, 2025, R1 began complaining of left leg
15	pain, and facility staff immediately contacted Person (P1) and requested an x-ray.
16	On October 18, 2025, an x-ray was taken. On October 20, 2025, results came back
17	noting that the left femur was osteoporotic with an angulated intertrochanteric
18	fracture.
19	Person (P1) confirmed that R1 was diagnosed with osteoporotic. There is a
20	possibility that this diagnosis makes R1 more susceptible to bone breakage. Person
21	(P2) was advised by the doctor, that there was no way of proving that R1's
22	fractures were caused by the facility staff negligence or lack of care since R1 is
23	diagnosed with being osteoporotic. Person (P1) confirmed that staff acted
24	accordingly and reported R1's condition in a timely manner. Person (P1) denied
25	having any complaints or witnessing any type of neglect/ lack of care by facility
26	staff. Based on the above information, documentation and statements provided,
27	there is insufficient evidence to support the allegation.
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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 .	

SUPERVISORS NAME: Wei Siew Ho	
LICENSING EVALUATOR NAME: Glenn Trueman	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/12/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/12/2026

Control Number 28-AS-20251028091841

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT
(Cont)

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

FACILITY NAME: PASADENA HIGHLANDS

FACILITY NUMBER: 198603384

VISIT DATE: 06/12/2026

NARRATIVE

1 In regards to the allegation Staff did not seek medical attention to resident in a timely manner, based on
2 interviews conducted and information gathered it was revealed by R2-R12 that staff have always
3 assisted immediately to provide care for a resident who may have fallen or in need of additional medical
4 care and staff called 911 immediately.
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6 Staff stated if there is a fall they dispatch a caregiver and med-tech to assess and if there is an injury
7 they call 911.
8 Also stated if there is an emergency Power of Attorney (POA) and doctor are called. If fall is observed
9 they call 911.
10 It should also be noted that the Department's investigation concluded that although Resident R1
11 did not complain of any pain, and no bruises or swelling were noted, Pasadena
12 Highland staff immediately contacted Metro Medical Hospital and requested a
13 medical evaluation. According to Metro Medical Hospice Director of Patient
14 Services, it was confirmed that facility staff were in constant communication and
15 immediately notified hospice staff of any change in condition.
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17 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
18 prove the alleged violation did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.
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20 No deficiencies were cited during this complaint investigation. Exit interview was conducted and a copy
21 of this report was provided.
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SUPERVISORS NAME: Wei Siew Ho

LICENSING EVALUATOR NAME: Glenn Trueman

LICENSING EVALUATOR SIGNATURE:

DATE: 06/12/2026

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received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/12/2026