

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603410
Report Date: 07/09/2026
Date Signed: 07/09/2026 02:21:47 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 06/23/2026 and conducted by Evaluator Blanca Gonzalez

		COMPLAINT CONTROL NUMBER: 28-AS-20260623105515	
FACILITY NAME: LA CASITA RESIDENTIAL CARE INC.		FACILITY NUMBER:	198603410
ADMINISTRATOR: SANTAMARIA, HUMBERTO		FACILITY TYPE:	740
ADDRESS:	700 N. GRAND AVE.	TELEPHONE:	(626) 387-9987
CITY:	GLENDORA	ZIP CODE:	91741
CAPACITY:	6	DATE:	07/09/2026
MET WITH: Administrator Humberto Santamaria		UNANNOUNCED TIME BEGAN:	01:56 PM
		TIME COMPLETED:	02:30 PM

ALLEGATION(S):

1	Staff are not addressing resident fall risk.
2	Staff are not administering medication as prescribed.
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Blanca Gonzalez conducted an unannounced subsequent complaint investigation visit regarding the above allegations. LPA Gonzalez was greeted by staff, and the purpose of the visit was explained. Administrator Humberto Santamaria arrived shortly after.
2	
3	
4	
5	The investigation consisted of the following: On 06/12/26, LPA Gonzalez interviewed staff 1- 2 (S1-S2) and interviewed resident #2 (R2). LPA obtained staff and resident rosters. LPA reviewed files for R1-R3 and obtained copies of Admission Agreement, medical assessment, pre-appraisal, functional capabilities assessment/needs and service plan, and staff notes for resident #1 (R1). During today's visit, LPA delivered findings.
6	
7	
8	
9	
10	
11	continued on LIC9099C
12	
13	

Unsubstantiated	Estimated Days of Completion:
-----------------	-------------------------------

SUPERVISORS NAME: Wei Siew Ho	
LICENSING EVALUATOR NAME: Blanca Gonzalez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/09/2026

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 2
Control Number 28-AS-20260623105515

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: LA CASITA RESIDENTIAL CARE INC.	FACILITY NUMBER: 198603410
	VISIT DATE: 07/09/2026

NARRATIVE	
1	<p>The investigation revealed the following: Regarding the allegation “Staff are not addressing resident fall risk,” it was reported that R1 has a history of multiple nighttime falls. Three (3) out of three (3) staff interviewed denied the allegation. S1 stated R1 had not sustained any falls while at the facility. S1 stated R1 would tell S1 about their night and would have mentioned if they had fallen. S1 stated caregivers report to each other what happened during the previous shifts so that the incoming staff were aware if anything had happened. LPA reviewed staff notes dated 05/28/26-06/30/26, staff did not mention any falls for R1. S2 stated no falls had been reported by caregivers. S3 stated they were nighttime staff. S3 stated R1 had been there for about one (1) month and had not sustained any falls. S3 stated R1 used a wheelchair and would ask for assistance when needed. S3 stated R1 would talk about their day and did not mention any falls. LPA interviewed R2. R2 stated they were not aware of any falls and staff always help.</p> <p>Regarding the allegation “Staff are not administering medication as prescribed,” it was reported that R1 intermittently takes their medications only when they feel they need them. Three (3) out of three (3) staff interviewed denied the allegation. S1 stated R1 never refused medication. S1 stated there were medications that were not given due to reading of R1’s vitals and medication not being necessary (per doctor’s prescription) but R1 always cooperated when assisted with medication administration. S2 stated R1 always took their medications. S3 stated they did not assist R1 with medication administration, but caregiver notes did not mention R1 refusing medication.</p> <p>Based on interviews and record review, although the allegation may have happened or is valid, there is no preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated.</p> <p>An exit interview was conducted, and a copy of this report was provided to Administrator Humberto Santamaria.</p>
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

SUPERVISORS NAME: Wei Siew Ho	
LICENSING EVALUATOR NAME: Blanca Gonzalez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/09/2026