

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603416
Report Date: 10/28/2025
Date Signed: 10/28/2025 03:34:51 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 **10/22/2025** and conducted by Evaluator Mayra Cota

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20251022101920
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FACILITY NAME: MORNINGSTAR OF PASADENA	FACILITY NUMBER: 198603416
ADMINISTRATOR: TALIAFERRO, KEVIN	FACILITY TYPE: 740
ADDRESS: 951 S. FAIR OAKS AVENUE	TELEPHONE: (626) 204-1700
CITY: PASADENA	STATE: CA ZIP CODE: 91105
CAPACITY: 310	CENSUS: 152 DATE: 10/28/2025
MET WITH: Kevin Taliaferro, Executive Director	UNANNOUNCED TIME BEGAN: 08:58 AM
	TIME COMPLETED: 03:45 PM

ALLEGATION(S):

1	Staff manipulates residents.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Mayra Cota, conducted an initial 10-day investigation visit regarding the
2	above mentioned allegation. LPA, met with Kevin Taliaferro, Executive Director, and the purpose of the
3	visit was explained.
4	
5	The investigation consisted of the following: during today's visit, LPA conducted tour of the facility,
6	obtained staff and resident rosters, and interviewed Staff 1 - Staff 11 (S1-S11) and Resident 1 - Resident
7	11 (R1-R11).
8	
9	The investigation consisted of the following:
10	
11	Regarding: Staff manipulates residents.
12	
13	It is alleged that staff manipulates residents and instills fear to get what they want. It is also alleged that a resident wanted a status on recent stock investments from a facility staff. ***Continues on 9099-C***

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Wei Siew Ho
LICENSING EVALUATOR NAME: Mayra Cota
LICENSING EVALUATOR SIGNATURE:

DATE: 10/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/28/2025

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-20251022101920

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: MORNINGSTAR OF PASADENA

FACILITY NUMBER: 198603416

VISIT DATE: 10/28/2025

NARRATIVE

1 Interviews with (11) out of (11) staff deny the allegation. Staff interviews revealed that they do not
2 manipulate nor instill fear in residents to obtain what they want. Staff indicated that they do not
3 manipulate residents into giving them material things because it is abuse and it is against the facility's
4 policy to engage in that kind of behavior. Staff also stated that they have not heard concerns from
5 residents that staff are instilling fear to get things from them. Furthermore, staff indicated that residents
6 have not expressed concerns about being manipulated into giving staff what they want. Staff also
7 indicated that staff do not provide residents with financial advice nor offer residents investment stocks
8 for purchase. Staff also do not give updates on stock investments or any other financial information to
9 residents. Interview with S1 revealed that they do not manipulate residents nor instill fear to obtain
10 things S1 wants. S1 indicated that they have never received anything from residents, not even a tip
11 because policy does not allow it and it is something that S1 simply would not do. S1 indicated that
12 anything infringing on residents' rights and anything indicative of financial abuse would be reported
13 immediately to the appropriate authorities. S1 further indicated, S1 has never received property nor
14 vehicles from residents nor has it been reported to S1 that staff have received these types of items from
15 residents. Eleven (11) out of (11) staff indicated, they are mandated reporters and would report abuse of
16 any type, even financial abuse to licensing, ombudsman and law enforcement if pertinent.
17
18 Interviews with (11) out of (11) residents also deny the allegation. Resident interviews revealed that staff
19 do not manipulate nor instill fear in residents to obtain any monetary or material compensation. Resident
20 interviews also revealed that staff do not discuss nor offer investments stocks to residents. Residents
21 further indicated that they have never furnished S1 with monetary compensation nor material items.
22 Residents stated that S1 has never manipulated nor intimidated them into giving S1 property or
23 vehicles. Residents indicated that all the staff are professional and do not instill fear to get things from
24 residents. Residents further indicated that they have no concerns with how S1 and the rest of the staff
25 conduct themselves in the facility and stated that their needs are being met appropriately. Interview with
26 R1 indicated that they do not own any stocks (not even for the facility's corporation), has never been
27 offered to buy any stocks, nor has ever been manipulated or intimidated by S1 nor other staff to provide
28 them with money or other material goods. R1 stated, "Staff have never discussed financial things with
29 me. I have never been bribed or intimidated into giving staff money or other material possessions. Staff
30 here are very professional. I have no concerns." Based on information gathered during interviews with
31 staff and residents, the allegation could not be corroborated. Although the allegation may have
32 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**. An exit interview was conducted with Kevin
Taliaferro, Executive Director and a copy of this report was provided.

SUPERVISORS NAME: Wei Siew Ho
LICENSING EVALUATOR NAME: Mayra Cota
LICENSING EVALUATOR SIGNATURE:

DATE: 10/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/28/2025