

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603428
Report Date: 07/24/2026
Date Signed: 07/24/2026 04:19:27 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 06/22/2026 and conducted by Evaluator Bennette Pena

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260622123136
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FACILITY NAME:	REGENCY GRAND AT WEST COVINA	FACILITY NUMBER:	198603428
ADMINISTRATOR:	MIMS-BURRIS, MARY	FACILITY TYPE:	740
ADDRESS:	150 SOUTH GRAND AVENUE	TELEPHONE:	(626) 332-3344
CITY:	WEST COVINA	ZIP CODE:	91791
CAPACITY:	160	DATE:	07/24/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	10:14 AM
	CENSUS: 122	TIME	04:00 PM
MET WITH:	Mary Mims-Burris - Executive Director	COMPLETED:	

ALLEGATION(S):

1	Staff interacted with a resident in an inappropriate manner.
2	Staff are not following residents dietary plan.
3	Staff do not ensure that facility is kept clean and sanitary.
4	Staff are neglecting residents in care.
5	Staff are generating inaccurate incident reports.
6	Staff do not respond to residents call for assistance in a timely manner.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Bennette Pena conducted an unannounced subsequent complaint visit
2	regarding the above-mentioned allegations. LPA met with Mary Mims-Burris, Executive Director and
3	explained the purpose of the visit.
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5	The investigation consisted of the following: On 06/30/2026, LPA toured the facility's common areas,
6	assisted living/memory care units, kitchen and dining room. LPA obtained a copy of the staff & resident
7	rosters, Weekly meal menu/schedule, West Covina Police Report (06/22/2026), Staff #1 (S1) - Staff #2
8	(S2) files such as clearances & training logs, Resident #1 (R1) - Resident #3 (R3) files indicating dietary
9	requirements and physician's report, Unusual incident/injury reports/SIRs (May-June 2026) and
10	Ombudsman/LTCO contact information. LPA interviewed (6) Staff and (12) Residents.
11	
12	During today's visit, LPA obtained a copy of the staff & resident rosters, toured the common areas, and
13	simulated a call for assistance in a resident's room (Rm. #254) to measure staff response time. LPA also
	contacted the LTCO/Ombudsman 3x, but no response received. *****CONTINUED ON LIC9099-C*****

SUPERVISORS NAME: Lisa Hicks

LICENSING EVALUATOR NAME: Bennette Pena

LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2026

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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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: REGENCY GRAND AT WEST COVINA

FACILITY NUMBER: 198603428

VISIT DATE: 07/24/2026

NARRATIVE

1 The investigation revealed the following:

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Allegation: "Staff interacted with a resident in an inappropriate manner." It is alleged that a staff was sexually harassing staff, drugging staff, and grooming and flirting with residents. No additional information provided. All (6) staff interviewed including the alleged perpetrator denied the allegation, stating that they are trained in abuse/neglect. Staff stated this is the first time they've heard about this and have not witnessed anyone making unwanted sexual advances or intimidating other staff or residents. S1 stated that police was called due to domestic issue between (2) residents, but no arrests made. All (12) residents interviewed denied the allegation, stating that none of the staff have engaged in any behavior that could be interpreted as flirting or grooming. Residents also stated that they have not observed any staff behaving unprofessionally around them. Documents reviewed revealed that the staff accused of this behavior had no history of sexual misconduct nor prior disciplinary actions. During the visits on 06/30/2026 and 07/24/2026, LPA did not observe inappropriate behavior from any staff. Therefore, there was insufficient evidence to corroborate with this allegation.

Allegation: "Staff are not following residents dietary plan." It is alleged that staff are unaware of residents' dietary plans and restrictions, leading to cross-contamination of food allergens. It is also alleged that a resident was served cross contaminated food, and there was a choking incident two to three months ago due to staff not chopping food. (6) of (6) staff interviewed denied the allegation, stating that a process is in place anytime a resident's diet is changed. S1 stated that a dietitian is involved in meal planning to meet the residents' dietary needs. Some staff explained that whenever there is a new resident with a special diet or dietary changes, a diet order is generated and sent to the food services director, who then notifies the kitchen staff. S5 stated that the kitchen has a dietary board list of allergies and restricted diets along with pictures of the residents. Residents interviewed denied the allegation, stating that staff are aware of their dietary plans and restrictions. Some residents indicated that they have seen a resident coughing while eating but not choking. LPA reviewed incident reports (January-June 2026) submitted to CCLD and found no incidents of food allergen cross-contamination or choking. Records reviewed indicated that the kitchen staff have the proper food handling and safety training. During the visits on 06/30/2026 and 07/24/2026, LPA observed the board in the kitchen that staff could see and there was no inappropriate food served during lunch. Therefore, there was insufficient evidence to corroborate with this allegation.

SUPERVISORS NAME: Lisa Hicks

LICENSING EVALUATOR NAME: Bennette Pena

LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** REGENCY GRAND AT WEST COVINA**FACILITY NUMBER:** 198603428**VISIT DATE:** 07/24/2026**NARRATIVE**

- 1 **Allegation: "Staff do not ensure that facility is kept clean and sanitary."** It is alleged that a
2 resident had to go outside and urinate in the bushes and shards of shattered glass were left on the
3 kitchen's juice counter and carpet for approximately eight minutes. All (6) staff interviewed denied the
4 allegation, stating that they completed training on neglect/abuse. Staff stated they have not seen any
5 residents urinate in the bushes and no one has reported doing so. S5 had seen the broken glass on the
6 juice counter due to a server breaking the glass by accident. S5 stated that they cleaned it immediately
7 and that residents do not have access to that area. All (12) residents interviewed denied the allegation,
8 stating that they have not seen anyone urinate in the bushes. Additionally, residents stated that they do
9 not have access to the juice counter section. During the visits on 06/30/2026 and 07/24/2026, LPA did
10 not observe any hazards or health threats from poor sanitation. Therefore, there was insufficient
11 evidence to corroborate with this allegation.
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- 13
- 14 **Allegation: "Staff are neglecting residents in care."** It is alleged residents were abandoned in the
15 dining room and residents with dementia are left outside for four hours causing the residents to get
16 sunburned without staff checks. All (6) staff interviewed denied the allegation, stating that they
17 completed training on neglect/abuse and would never leave residents outside for so long. Staff stated
18 that although they have meal schedules, residents may stay in the dining room after mealtimes. Staff
19 also stated they are always on the move, and they would have seen if resident(s) remained there for a
20 long time, and if so, they would have paid attention to them. If the residents want, staff in memory care
21 unit can take them to the courtyard next to the dining room, where staff are around to watch out for
22 them. All (12) residents interviewed denied the allegation, stating that they were welcome to spend
23 time in the dining room or anywhere in the common areas and were never left alone. Some residents
24 stated they enjoyed sitting outside but did not get sunburn because they stayed in the shade and staff
25 regularly checked on them. During the visits on 06/30/2026 and 07/24/2026, LPA observed positive
26 interactions between staff-residents. Therefore, there was insufficient evidence to corroborate with this
27 allegation.
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SUPERVISORS NAME: Lisa Hicks**LICENSING EVALUATOR NAME:** Bennette Pena**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/24/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/24/2026

LIC9099 (FAS) - (06/04)

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Control Number 28-AS-20260622123136**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** REGENCY GRAND AT WEST COVINA**FACILITY NUMBER:** 198603428**VISIT DATE:** 07/24/2026**NARRATIVE**

- 1 **Allegation: "Staff are generating inaccurate incident reports."** It is alleged that the facility
2 incident reports may be inaccurate as the executive director interviews residents with cognitive
3 impairments or residents that did not witness the incident. Staff interviewed denied the allegation. S1-
4 S2 stated that they are responsible in reporting incidents and they report them as accurate as possible,
5 including serious injuries. Staff stated that they ensure that law enforcement and other agencies are
6 notified. Staff also stated that they prioritize residents' safety and follow reporting processes for
7 corrective actions. Residents interviewed could not comment on this as they are not familiar with the

process of generating incident reports. LPA reviewed incident reports submitted to CCLD between January-May 2026, and it revealed that incidents were properly observed and documented. Furthermore, there were no reports of residents with cognitive impairments being interviewed or of witness limitations. Therefore, there was insufficient evidence to corroborate with this allegation.

Allegation: "Staff do not respond to residents call for assistance in a timely manner." It is alleged that residents are left waiting for 30-40 minutes when they are using their pagers. All (6) staff interviewed denied the allegation of slow response times, stating that caregivers attend to residents' calls as quickly as possible and have received training. Staff confirmed that they have adequate staffing who provide care and supervision, including night and on-call staff, and they also follow residents' care plans. Staff explained that calls are prioritized based on urgency, such as life-safety emergencies or falls, and caregivers use walkie talkies to communicate about calls for assistance. S2 stated that they monitor response times to ensure calls are attended promptly, otherwise, the call will repeat itself, until the resident has been assisted. Other staff interviewed stated that residents do not use pagers, but they have call lights in their rooms (by the bed and bathroom) or wear pendants (optional with fee). All (12) residents interviewed denied the allegation and (5) of (12) residents who have pendants stated that staff respond to their calls immediately. Some residents stated they can manage their daily chores with minimal assistance. In order to measure call response times, at 11:05 am, LPA pushed the call light in Room #254 during the visit on 07/24/2026, and it took staff 02:55 minutes to respond. During both visits, LPA observed the residents to be clean and interact well with staff and other residents. Therefore, there is insufficient evidence to corroborate the allegation.

Based on statements and interviews conducted with staff, residents, review of resident/staff files and facility file records, there was not enough supportive evidence to concur with the reported allegations. Although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegations are **UNSUBSTANTIATED**.

An exit interview was conducted, and a copy of this report was provided to the Executive Director, Mary Mims-Burris.

SUPERVISORS NAME: Lisa Hicks

LICENSING EVALUATOR NAME: Bennette Pena

LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2026

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