

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 198603444

Report Date: 03/10/2026

Date Signed: 03/10/2026 05:06:40 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/06/2026** and conducted by Evaluator Bennette Pena

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 28-AS-20260306101319</b>
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<b>FACILITY NAME:</b> EVEREST AT WALNUT VALLEY SENIOR LIVING	<b>FACILITY NUMBER:</b> 198603444
<b>ADMINISTRATOR:</b> DONGHYUN MOON	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 19850 COLIMA ROAD	<b>TELEPHONE:</b> (909) 595-5030
<b>CITY:</b> WALNUT	<b>ZIP CODE:</b> 91801
<b>CAPACITY:</b> 120	<b>DATE:</b> 03/10/2026
<b>MET WITH:</b> Donghyun Moon - Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 12:19 PM
	<b>TIME COMPLETED:</b> 04:30 PM

#### ALLEGATION(S):

1	Resident sustained bruises, due to staff neglect.
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Bennette Pena conducted an unannounced complaint visit regarding
2	the above-mentioned allegation. LPA met with Donghyun Moon, Administrator and explained the reason
3	for the visit.
4	
5	The investigation consisted of the following: LPA conducted a tour of the facility, obtained copies of the
6	Staff and Resident rosters, Staff in-service training log on Mandated reporting, Personal rights and Gait
7	mobility/Repositioning of residents, Staff 72-hour log notes and Resident #1 (R1)'s files such as: Face
8	sheet/Identification and Emergency Information, Physician's Report, Medication list, Hospice care plan
9	and notes, Unusual Injury/Incident Report/SIR, photo of R1's arm, LPA also interviewed Staff #1 (S1) -
10	Staff #5 (S5), Resident #1 (R1) - Resident #8 (R8) and Hospice Nurse #1 (N1).
11	
12	The investigation revealed the following:
13	Regarding the allegation: "Resident sustained bruises, due to staff neglect." It is alleged that a large
	bruise was observed on R1's left arm while being given a shower. In addition, R1 has been observed to
	have bruises several times in the past. *****CONTINUED ON LIC9099-C*****

SUPERVISORS NAME: Lisa Hicks

LICENSING EVALUATOR NAME: Bennette Pena

LICENSING EVALUATOR SIGNATURE:

DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/10/2026

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

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: EVEREST AT WALNUT VALLEY SENIOR LIVING

FACILITY NUMBER: 198603444

VISIT DATE: 03/10/2026

#### NARRATIVE

1 Interviews conducted with staff members indicated they have seen R1's bruise on the left arm but  
2 denied it was caused by neglect. Staff members interviewed indicated they have never physically  
3 abused or handled R1 or any of the residents in a rough manner, nor have they seen it happen. Staff  
4 members also stated that they have received the necessary training on how to transfer the residents  
5 and how to reposition them. S5 stated that R1 has had the bruise on her arm since December 2025 and  
6 has taken actions and interventions to prevent the bruising. S5 also indicated that aging causes R1 to  
7 have thinner or fragile skin and that the bruise on R1 may have been caused by medication side effects.  
8 Some staff stated that on either March 6 or March 7, 2026, the police came to conduct a welfare check  
9 on R1 but did not have any information nor contact details provided to them. Documents reviewed  
10 revealed that the facility has sufficient staffing and that the staff members have the proper  
11 documentation and notes. Moreover, the photos of R1's bruise appeared to be consistent with R1's thin  
12 skin and possible medication side effects. During the visit, LPA observed S3 and N1 assisting and  
13 transferring R1 from wheelchair to bed. Interviews conducted with (8) residents indicated they have not  
14 been hit or handled aggressively by any of the staff. All residents interviewed indicated that staff are  
15 well trained, helpful and nice to them. Interview with R1 revealed that the staff are nice to them and  
16 they had not been hurt nor injured by any staff. Additionally, R1 does not have a roommate and there  
17 were no witnesses, surveillance footage, or evidence obtained during the investigation to corroborate  
18 with the allegation.  
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21 Based on statements and interviews conducted with staff, residents, review of resident files and facility  
22 file records, there was not enough supportive evidence to concur with the reported allegation. Although  
23 the allegation may have happened or is valid, there is not a preponderance of evidence to prove the  
24 alleged violation did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.  
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27 Exit interview held, and a copy of this report was provided to Donghyun Moon, Administrator.  
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SUPERVISORS NAME: Lisa Hicks

LICENSING EVALUATOR NAME: Bennette Pena

LICENSING EVALUATOR SIGNATURE:

DATE: 03/10/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/10/2026