

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603444
Report Date: 06/16/2026
Date Signed: 06/16/2026 01:28:30 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 06/09/2026 and conducted by Evaluator Bennette Pena

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260609142602
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FACILITY NAME:	EVEREST AT WALNUT VALLEY SENIOR LIVING	FACILITY NUMBER:	198603444
ADMINISTRATOR:	DONGHYUN MOON	FACILITY TYPE:	740
ADDRESS:	19850 COLIMA ROAD	TELEPHONE:	(909) 595-5030
CITY:	WALNUT	ZIP CODE:	91789
CAPACITY:	120	DATE:	06/16/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:37 AM
	CENSUS: 81	TIME COMPLETED:	01:30 PM
MET WITH:	Donghyun Moon - Administrator		

ALLEGATION(S):

1	Staff does not ensure resident is allowed to be readmitted to the facility.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Bennette Pena conducted an unannounced complaint investigation
2	regarding the above mentioned allegation. LPA met with Donghyun Moon, administrator and explained
3	the reason for the visit.
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5	The investigation consisted of the following: LPA obtained a copy of the staff & resident rosters, SNF
6	Admission record, Walnut Police report (SEAR 06/09/2026), Resident #1 (R1) files such as Identification
7	and Emergency Information (Face sheet), Admission agreement, Pre admission appraisal, Medical
8	Assessment, Appraisals Needs and services plan, Medication administration record (MAR) for May 2026
9	and Physician's reassessment letter (06/09/2026). LPA interviewed Staff #1 (S1) - Staff #3 (S3) and
10	Resident 2 (R2) – Resident #9 (R9). Resident #1 (R1) was not interviewed because they are in a Skilled
11	Nursing Facility (SNF). *****CONTINUED ON LIC9099-C*****
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Hicks	
LICENSING EVALUATOR NAME: Bennette Pena	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/16/2026

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-20260609142602

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: 06/16/2026

NARRATIVE	
1	The investigation revealed the following:
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4	Allegation: Staff does not ensure resident is allowed to be readmitted to the facility. It is
5	alleged that on 06/09/2026, facility is refusing to readmit R1 from SNF due to care needs unless they
6	are placed on hospice care. All staff interviewed denied the allegation. Staff stated that R1 was
7	transferred to SNF on 05/19/2026 due to worsening respiratory conditions. Prior to R1's release at SNF,
8	S3 re-assessed R1 on 06/10/2026 to ensure that their needs are met upon their return. However, S3
9	determined that R1's condition has changed requiring a higher level of care that the facility was unable
10	to provide. R1 also has a highly communicable condition that poses a high risk of infection to both staff
11	and the current residents if readmitted. Staff informed R1's family about the decision and facility will
12	provide a 30-day eviction notice to terminate the residency agreement. Staff also added that they are
13	prepared to assist in finding appropriate alternative placement for R1. (5) of (8) residents stated that the
14	facility readmitted them to the facility after being hospitalized, without any issues. All (8) residents
15	stated that staff provide the care and assistance they need. LPA reviewed R1's physician reassessment
16	which confirmed that R1 requires a higher level of care due to their complex healthcare needs, chronic
17	comorbidities and high risk of antibiotic resistance. In addition, physician stated that the facility is
18	unable to provide services suitable for R1. Documentation reviewed and interviews conducted do not
19	corroborate this allegation.
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22	Based on statements and interviews conducted with residents and staff as well as reviewed files and
23	documentation, there was not enough supportive evidence to corroborate the allegation.
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25	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
26	prove the alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED .
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28	Exit interview conducted 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: 05/10/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/16/2026