

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 198603535  
Report Date: 09/23/2025  
Date Signed: 09/23/2025 04:44:42 PM

**Unsubstantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **06/16/2025** and conducted by Evaluator Noemi Galarza

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 28-AS-20250616120107</b>
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<b>FACILITY NAME:</b> SANTA ANITA ASSISTED LIVING	<b>FACILITY NUMBER:</b> 198603535
<b>ADMINISTRATOR:</b> JOEL NIBBLET	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 5600 GRACEWOOD AVENUE	<b>TELEPHONE:</b> (626) 442-8410
<b>CITY:</b> TEMPLE CITY	<b>STATE:</b> CA
<b>CAPACITY:</b> 150	<b>ZIP CODE:</b> 91780
	<b>CENSUS:</b> 149
<b>MET WITH:</b> Jacqueline Cortez, Executive Director	<b>DATE:</b> 09/23/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 03:44 PM
	<b>TIME COMPLETED:</b> 04:45 PM

**ALLEGATION(S):**

1	Staff did not prevent resident from smoking in the room resulting in a fire.
2	Staff are not responding to residents call button.
3	Staff do not provide adequate food service to residents in care.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Galarza conducted a subsequent complaint visit to review records and
2	deliver findings on the above allegations. The purpose of the visit was explained to Executive Director
3	Jacqueline Cortez.
4	
5	The investigation consisted of: On 6/17/2025, a physical plant tour of the interior and exterior was
6	conducted, with special focus on medication room, residents' room signal system, kitchen food
7	preparation/servings, and outdoor smoking areas. A total of nine (9) staff and 15 residents were
8	interviewed. LPA reviewed and collected resident (R1 & R2's) file documents; which include Identification
9	and Emergency Information, Physician's Report, Medication Administration Records, Care Plan, June
10	2025 food menus, alternative food menu, and kitchen resident diet list. LPA interviewed R1's pharmacist
11	and Primary Care Physician's office representative.
12	
13	*Narrative continues next page.

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Lisa Hicks  
**NAME OF LICENSING PROGRAM ANALYST:** Noemi Galarza  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/23/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/23/2025

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-20250616120107

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1000 CORPORATE CNTR  
DR. ST 500  
MONTEREY PARK, CA 91754

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** SANTA ANITA ASSISTED LIVING

**FACILITY NUMBER:** 198603535

**VISIT DATE:** 09/23/2025

### NARRATIVE

1 **Allegation: Staff did not prevent resident from smoking in the room resulting in a fire.** It is alleged  
2 that there was a fire in a resident rooms #143 or #144 and smoke was going into the hallway. Date of  
3 incident and resident room number is unknown. A total of 15 residents were interviewed. One (1) out of  
4 15 residents confirmed the allegation. The majority of the residents said that they had no knowledge of  
5 any fire in the facility grounds. Residents stated they are allowed to smoke outside in the patio. A total of  
6 nine (9) staff were interviewed. All staff denied the allegation. Staff interviewed stated that most of the  
7 residents are compliant with smoking rules. The residents are not allowed to smoke in the front of the  
8 facility. There are 2 patios in the center area of the facility. During the physical plant inspection, there  
9 was no indication of a previous fire in the identified rooms and in other rooms toured. The facility has  
10 operable sprinklers. There is insufficient evidence to support the allegation.

11  
12 **Allegation: Staff are not responding to residents call button.** It is alleged that on 6/15/2025 at  
13 approximately 10:30 PM, a resident pressed the call button for incontinence care assistance and staff  
14 did not respond to the call, as a result another resident walked to the med-tech room and found the  
15 receptionist staff talking instead of responding to the call button request. A total of 15 residents were  
16 interviewed. Six (6) out of 15 residents stated they press the call button and often times staff take a long  
17 time to respond and/or they do not respond at all. Residents stated they call signal is operable, but the  
18 issue is staff response time. According to staff interviews, when residents press the call signal buttons in  
19 their room the receptionist communicates through walkie talkies and/or overhead speakers. If caregiver  
20 staff are busy, another caregiver is asked to assist with the call signal request. Staff stated staff in all  
21 shifts conduct 2-hour checks. Based on interviews conducted, the findings indicate there is a staff  
22 person at the front desk 24 hours a day/7 days a week, that monitors call from the signal system.  
23 Caregivers are to respond to call requests within a 7 minute time frame, and if they are busy then med-  
24 tech staff are to assist with call follow up. The signal system was tested and found to be operational.  
25 Staff responded promptly. There is insufficient evidence to support the allegation.  
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**NAME OF LICENSING PROGRAM MANAGER:** Lisa Hicks  
**NAME OF LICENSING PROGRAM ANALYST:** Noemi Galarza  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/23/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/23/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

**Control Number** 28-AS-20250616120107

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: SANTA ANITA ASSISTED LIVING

FACILITY NUMBER: 198603535

VISIT DATE: 09/23/2025

**NARRATIVE**

1 **Allegation: Staff do not provide adequate food service to residents in care.** It is alleged that the  
2 facility serves burnt and hard to chew food, over season the food, put onions and peanuts on food of  
3 allergic residents, and they run out of bread, coffee, and milk. LPA toured the kitchen and dining room  
4 during lunch and dinner meal service. The food supply and cooked was inspected. A resident diet board  
5 was posted in the kitchen, meal ticket orders were observed, and the special diet list was reviewed to  
6 determine if resident (R1) requires a special diet. Resident (R1) requires a special diet. A total of 15  
7 residents were interviewed, of which 3 residents stated the food is not good and does not meet their  
8 dietary requirements. However, most of the residents stated the food is good and a variety of foods are  
9 served. Staff interviews revealed that residents may select alternative food if they do not like the food  
10 items served during mealtimes. Staff stated they never run out of food and food delivery orders are  
11 Mondays and Thursdays. Staff said that some residents are picky eaters, but kitchen staff accommodate  
12 their requests. There is insufficient proof to support the allegation.

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14 Although the allegations may have happened or are valid, there is not a preponderance of evidence to  
15 prove the alleged violations did or did not occur, therefore the allegations are **Unsubstantiated**.

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19 Exit interview conducted with Jacqueline Cortez. A copy of the report was issued.  
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NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks

NAME OF LICENSING PROGRAM ANALYST: Noemi Galarza

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/23/2025

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