

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603545

Report Date: 01/26/2026

Date Signed: 01/26/2026 03:49:19 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 **07/28/2025** and conducted by Evaluator Sanjay Vaid

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20250728103245
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FACILITY NAME: PARK VIEW PLACE	FACILITY NUMBER: 198603545
ADMINISTRATOR: LEEANN HEFNER	FACILITY TYPE: 740
ADDRESS: 1054 PARK VIEW DRIVE	TELEPHONE: (626) 885-1800
CITY: COVINA	ZIP CODE: 91724
CAPACITY: 142	DATE: 01/26/2026
MET WITH: Executive Director, Leeann Hefner	UNANNOUNCED TIME BEGAN: 11:09 AM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff do not respond to resident's calls for assistance in a timely manner
2	Staff did not provide resident's responsible party with required notice of fee increase
3	Staff do not ensure that resident is treated with dignity and respect
4	Staff do not ensure resident's room is clean and sanitary
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sanjay Vaid made a subsequent complaint investigation visit. LPA met with LeeAnn Hefner, Executive Director, and discussed the purpose of the visit to deliver finding to the above mentioned allegations. Toured the physical plant and did not observe any health and safety concerns.
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6	On 08/01/2025, LPA Vaid conducted an unannounced 10-day complaint visit and met with LeeAnn Hefner- Executive Director and the purpose of the visit was discussed. LPA Vaid requested and obtained the following documents: LIC 500-staff roster and resident roster. Residents' face sheet, pre-appraisal/physicians report, residents' self-acknowledgement information form, admissions agreement, service and needs plan, resident shower schedules, private caregivers' attendant registration and information form, facility letter to caregivers' requiring mandatory forms, correspondence with residents' family.
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13	CONTINUED ON 9099C.....

SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Sanjay Vaid
LICENSING EVALUATOR SIGNATURE:

DATE: 01/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/26/2026

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 3

Control Number 28-AS-20250728103245

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: PARK VIEW PLACE

FACILITY NUMBER: 198603545

VISIT DATE: 01/26/2026

NARRATIVE

1 Regarding the allegation: **Staff do not respond to resident's calls for assistance in a timely**
2 **manner.** It is alleged that the staff is not responding to residents' call for assistance with the residents'
3 needs in a timely manner. Six of six staff interviewed deny this. According to the staff interviewed, the
4 staff responds to the residents' call for assistance within twenty minutes and staff will notify and alert
5 another staff members when one staff person is delayed assisting other residents that reside on the
6 floor. Nine of ten residents interviewed could not corroborate the allegation. Six of ten residents stated
7 the staff responds to their call for assistance within ten to fifteen minutes. Based on interviews and
8 observations, although the allegation may have happened or is valid, there is not a preponderance of
9 evidence to prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated.

11 Regarding the allegation: **Staff did not provide resident's responsible party with required notice of**
12 **fee increase.** It is alleged that staff are not providing resident's responsible party with notice of fee
13 increase. Six of six staff interviewed deny this. According to the staff the yearly increases are in
14 accordance with the residents' admissions agreement and care service descriptions. The notifications
15 are mailed from the corporate office to self responsible residents and the residents Power of Attorney via
16 United States Postal Service and or preferred communications. Nine of ten residents interviewed could
17 not corroborate this allegation. Six of ten residents stated they are aware of and are notified by the
18 facility for increase in rent and services required for resident's needs. According to records reviewed, R1
19 and R1's financial Power of Attorney agreed to all the terms of the admissions agreement, including cost
20 increase of needs and services, signed and dated on 07/08/2024. Based on interviews and records
21 reviewed, although the allegation may have happened or is valid, there is not a preponderance of
22 evidence to prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated.

24 Regarding the allegation: **Staff do not ensure that resident is treated with dignity and respect.** It is
25 alleged that the staff are not treating residents with dignity and respect. Six of six staff interviewed deny
26 this. Staff stated they treat each resident with respect and dignity. Staff are providing care and comfort to
27 all residents. Staff stated they provide a safety and harmonious environment for all residents in memory
28 care and assisted living. Seven of ten residents interviewed stated they feel safe and secure residing at
29 the facility. Five of ten residents stated they are treated with kindness and dignity and stated they have
30 never been ridiculed and made to feel embarrassed. Based on interviews and observations, although
31 the allegation may have happened or is valid, there is not a preponderance of evidence to prove the
32 alleged violation did or did not occur, therefore the allegation is unsubstantiated.

CONTINUED ON 9099C.....

SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Sanjay Vaid
LICENSING EVALUATOR SIGNATURE:

DATE: 01/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/26/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: PARK VIEW PLACE

FACILITY NUMBER: 198603545

VISIT DATE: 01/26/2026

NARRATIVE

1 Regarding the allegation: **Staff do not ensure resident's room is clean and sanitary.** It is alleged that
 2 the staff are not ensuring residents' room is clean and sanitary and trash is not collected frequently. Six
 3 of six staff interviewed deny this. Staff stated they clean each room according to the assigned
 4 schedules. Staff collect trash from the residents' room, bathroom and trash placed by residents' door.
 5 Staff performing housekeeping duties, cleaning and sanitizing the residents' room and bathroom, and
 6 removing all the trash. Staff performing janitorial duties keep corridors clean and clear of trash. Based
 7 on interviews and observations, although the allegation may have happened or is valid, there is not a
 8 preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
 9 unsubstantiated.

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 11 Exit interview conducted and copy of report provided to Executive Director LeeAnn Hefner.
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SUPERVISORS NAME: Fernando Fierros

LICENSING EVALUATOR NAME: Sanjay Vaid

LICENSING EVALUATOR SIGNATURE:

DATE: 01/26/2026

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