

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 198603545  
Report Date: 08/28/2023  
Date Signed: 08/28/2023 06:01:03 PM

**Substantiated**

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 **07/13/2023** and conducted by Evaluator Bonnie Tao

	<b>COMPLAINT CONTROL NUMBER: 28-AS-20230713105738</b>
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<b>FACILITY NAME:</b> PARK VIEW PLACE	<b>FACILITY NUMBER:</b> 198603545
<b>ADMINISTRATOR:</b> GUSTIN, PATRICIA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1054 PARK VIEW DRIVE	<b>TELEPHONE:</b> (626) 885-1800
<b>CITY:</b> COVINA	<b>STATE:</b> CA <b>ZIP CODE:</b> 91724
<b>CAPACITY:</b> 142	<b>CENSUS:</b> 51 <b>DATE:</b> 08/28/2023
<b>MET WITH:</b> Arianna Ives, Memory Care Director	<b>UNANNOUNCED TIME BEGAN:</b> 03:45 PM
	<b>TIME COMPLETED:</b> 04:30 PM

**ALLEGATION(S):**

1	Administrator is not fulfilling administrative duties and qualification.
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9	

**INVESTIGATION FINDINGS:**

1	***This report serves as an amendment and supersedes the original complaint investigation report
2	created on 07/18/2023. The finding remains the same as Substantiated. ***
3	
4	Licensing Program Analyst (LPA) Tao conducted an initial unannounced complaint investigation for the
5	allegation listed above on 07/18/23. LPA met with administrator Patricia Gustin. Today, 8/28/23, LPA
6	conducted a subsequent visit to re-deliver the finding. LPA met with Karen Turnour, Business office
7	director, and explained the purpose of today's visit.
8	
9	Investigation consisted of the following: interviews of staff from Staff #1 (S1) through Staff #4 (S4);
10	interviews of residents from Resident#1 (R1) through Resident#5 (R5); interviews of visitors from visitor
11	#1 (V1) to visitor #3 (V3); reviewed staff's training record; and conducted a facility tour. LPA obtained
12	copies of staff/resident rosters; and staff training files with relevant information.
13	(-continued in LIC 9099 C-)

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Fernando Fierros  
**NAME OF LICENSING PROGRAM ANALYST:** Bonnie Tao  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/28/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/28/2023

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-20230713105738

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:** PARK VIEW PLACE

**FACILITY NUMBER:** 198603545

**VISIT DATE:** 08/28/2023

### NARRATIVE

1 \*\*\*This report serves as an amendment and supersedes the original complaint investigation report  
2 created on 07/18/2023. The finding remains the same as Substantiated. \*\*\*  
3

4 The investigation revealed that regarding allegation, "administrator is not fulfilling administrative duties  
5 and qualification," it was alleged that administrator did not present enough hours to operate the facility,  
6 did not provide the required training to staff, and administrator's certificate was not current.  
7

8 The investigation revealed the following: interviewed with residents from R1 to R5, all five (5) out of five  
9 (5) residents interviewed revealed that administrator had present enough hours at the facility and staff  
10 had the knowledge on taking care of residents. Interviewed with visitors from V1 to V3, all visitors  
11 interviewed revealed that administrator had present enough hours at the facility and staff knew how to  
12 take care of the residents. Four (4) out of four (4) staff interviewed were denied the allegation. LPA  
13 conducted a file review. File review revealed that administrator had present at least 40 hours/ week at  
14 the facility and staff's in-services training were current. However, administrator certificate was not  
15 current and was expired on 6/8/23. During the visit on 07/13/23, Administrator stated the certificate  
16 renewal was in process and the expected completion day would be the end of August 2023. The interim  
17 certified administrator was Sahar Mosalla. Sahar's administrator certificate is current with expiration date  
18 on 6/22/24. Therefore, facility did not have a qualified and currently certified administrator.  
19

20 During today's visit on 8/28/23, Karen Turnour, Business office director, stated Patricia Gustin was no  
21 longer working with the company and her last day was 08/16/23. Sahar will be the interim certified  
22 administrator. The new administrator will report to work in early September 2023.  
23

24 Based on LPA's observations, record reviews and interviews conducted the preponderance of evidence  
25 standard has continue therefore the above allegations are found SUBSTANTIATED.  
26

27 Deficiencies are being cited according to California Code of Regulations, Title 22, Division 6, Chapter 8  
28 on LIC 9099D.  
29

30 An exit interview was conducted with Karen Turnour, Business office director. A hard copy of this report  
31 and appeal right were provided.  
32

**NAME OF LICENSING PROGRAM MANAGER:** Fernando Fierros  
**NAME OF LICENSING PROGRAM ANALYST:** Bonnie Tao  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/28/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/28/2023

LIC9099 (FAS) - (06/04)

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**Control Number** 28-AS-20230713105738

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: PARK VIEW PLACE

FACILITY NUMBER: 198603545

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/28/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/07/2023 Section Cited CCR 87405(a)	1 (a) All facilities shall have a qualified 2 and currently certified administrator. 3 4 This requirement was not met by 5 evidence of: Per staff record review, 6 administrator certificate was expired on 7 6/8/23 and did not have a current certificate.	1 Licensee is in process of hiring a new 2 Administrator and expected to report to 3 work in Sept 2023. Administrator 4 certificate will be provided to Licensing 5 by POC date 9/7/23. 6 7
	8 Based on interviews and observation, 9 the Administrator did not comply with 10 the section cited above which poses a 11 potential health, safety or personal 12 rights risk to persons in care. 13 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros

NAME OF LICENSING PROGRAM ANALYST: Bonnie Tao

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/28/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2023