

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603550
Report Date: 08/18/2026
Date Signed: 08/18/2026 04:38:14 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 08/11/2026 and conducted by Evaluator Gabriela Castro

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260811083320
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FACILITY NAME: WEST PARK SENIOR LIVING	FACILITY NUMBER: 198603550
ADMINISTRATOR: JERI MILES	FACILITY TYPE: 740
ADDRESS: 801 CYPRESS WAY	TELEPHONE: (909) 592-8844
CITY: SAN DIMAS	ZIP CODE: 91773
CAPACITY: 200	DATE: 08/18/2026
	UNANNOUNCED TIME BEGAN: 09:30 AM
MET WITH: Jeri Miles, Executive Director	TIME COMPLETED: 02:15 PM

ALLEGATION(S):

1	Staff do not ensure the facility is free of mold.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Gabriela Castro conducted an unannounced complaint visit on
2	08/18/2026 to deliver findings related to the above allegation. LPA was greeted by Executive Director Jeri
3	Hillery and explained the purpose of the visit.
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5	The investigation included a review of the facility's resident roster, staff roster, and thirty (30) days of
6	maintenance work orders and resident maintenance requests to determine whether there were
7	documented concerns regarding mold, water leaks, plumbing issues, or moisture. The records reviewed
8	did not contain work orders or maintenance requests documenting mold or water leaks. LPA conducted
9	interviews with ten residents (R1–R10) and eight staff members (S1–S8), including staff familiar with the
10	facility's maintenance concerns. Additionally, LPA toured the second, third, and fifth floors and inspected
11	ten (10) resident rooms, laundry rooms, and other areas identified during the investigation.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: David Sicairos	
LICENSING EVALUATOR NAME: Gabriela Castro	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/18/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/18/2026

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-20260811083320

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: WEST PARK SENIOR LIVING	FACILITY NUMBER: 198603550
	VISIT DATE: 08/18/2026

NARRATIVE	
1	<u>Allegation: Staff do not ensure the facility is free of mold.</u>
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3	It is alleged that staff failed to ensure the facility was free of mold inside the walls of
4	units. During staff interviews, the majority of staff denied knowledge of mold
5	concerns and reported that they had not personally observed mold. Some staff
6	reported ongoing plumbing issues and water leaks, and one staff member reported
7	that residents had previously expressed concerns regarding mold. During resident
8	interviews, the majority of residents reported that they had not observed mold in their
9	rooms or other areas of the facility. Residents did report experiencing water leaks
10	and plumbing-related issues. LPA observations, LPA inspected ten (10) resident
11	rooms and did not observe visible mold. LPA observed evidence of water leaks and
12	water damage in some resident rooms and photographed the observed conditions.
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18	Based on the investigation conducted, which included interviews with staff and residents, as well as a
19	review of relevant records, there was insufficient evidence to support the reported allegation. Although
20	the allegation may have happened or is valid, there is not a preponderance of evidence to prove the
21	alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED . Exit interview
22	was held, and a copy of this report was provided.
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SUPERVISORS NAME: David Sicairos	
LICENSING EVALUATOR NAME: Gabriela Castro	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/18/2026
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