

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 198603553  
Report Date: 04/18/2024  
Date Signed: 04/18/2024 12:10:22 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 **04/12/2024** and conducted by Evaluator Angelica Rea

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 28-AS-20240412164359</b>
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<b>FACILITY NAME:</b> TIMERS RESIDENTIAL CARE	<b>FACILITY NUMBER:</b> 198603553
<b>ADMINISTRATOR:</b> WILLIAMS, SHAUNDA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 452 PEMBROOK AVENUE	<b>TELEPHONE:</b> (424) 457-9771
<b>CITY:</b> POMONA	<b>STATE:</b> CA
<b>CAPACITY:</b> 6	<b>ZIP CODE:</b> 91766
<b>MET WITH:</b> Shaunda Williams	<b>CENSUS:</b> 4
	<b>DATE:</b> 04/18/2024
	<b>UNANNOUNCED TIME BEGAN:</b> 09:35 AM
	<b>TIME COMPLETED:</b> 12:25 PM

**ALLEGATION(S):**

1	Staff did not safeguard resident's personal items
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Angelica Rea conducted an unannounced complaint visit in response to
2	the above allegations. LPA met with Administrator, Shaunda Williams who assisted with today's visit.
3	
4	Regarding the allegation that : Staff did not safeguard resident's personal items. The investigation
5	consisted of interview(s) with Administrator, review of resident #1's file, including Resident Personal
6	Property and Valuables list, and interviews with residents #2-#4. Resident #5 refused to be interviewed.
7	Administrator stated that Resident #1 moved out of the facility on 1/13/24. Administrator stated that
8	resident #1's personal items were taken to the hospital on about 1/23/24 and were given to resident #1's
9	case manager. LPA observed that administrator has a video of items that were given to case manager.
10	Administrator stated that the remainder of resident #1's items were picked up by occupational therapist
11	from Department of Health Services on about 1/26/24. Administrator spoke to Occupational therapist
12	during today's visit, and LPA observed that the Occupational therapist confirmed that they picked up
13	resident #1's items from the facility.

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Lisa Hicks  
**NAME OF LICENSING PROGRAM ANALYST:** Angelica Rea  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/18/2024

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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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:** TIMERS RESIDENTIAL CARE

**FACILITY NUMBER:** 198603553

**VISIT DATE:** 04/18/2024

### NARRATIVE

1 Administrator stated that she does not have any of resident #1's belongings and all the belongings have  
2 been returned. Resident #2 - Resident #4 were unable to corroborate the allegation. Three out of three  
3 residents interviewed stated that facility staff do safeguard their personal belongings.  
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5 Although the allegation may have happened or is valid, there is not a preponderance of evidence to  
6 prove the alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED.  
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8 Exit interview conducted, and a copy of the report was provided to Ms. Williams.  
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**NAME OF LICENSING PROGRAM MANAGER:** Lisa Hicks  
**NAME OF LICENSING PROGRAM ANALYST:** Angelica Rea  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/18/2024