

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603566
Report Date: 08/08/2025
Date Signed: 08/08/2025 02:07:17 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 **08/03/2025** and conducted by Evaluator Kimberly Ramirez

| | |
|---------------|---|
| PUBLIC | COMPLAINT CONTROL NUMBER: 28-AS-20250803223816 |
|---------------|---|

| | |
|---|--|
| FACILITY NAME: ASTORIA PARK SENIOR LIVING | FACILITY NUMBER: 198603566 |
| ADMINISTRATOR: STEPHANIE FUNDERBURG | FACILITY TYPE: 740 |
| ADDRESS: 925 EAST VILLA STREET | TELEPHONE: (626) 796-4303 |
| CITY: PASADENA | STATE: CA ZIP CODE: 91106 |
| CAPACITY: 220 | CENSUS: 151 DATE: 08/08/2025 |
| MET WITH: Administrator Stephanie Funderburg | UNANNOUNCED TIME BEGAN: 08:17 AM |
| | TIME COMPLETED: 02:45 PM |

ALLEGATION(S):

| | |
|---|--|
| 1 | Staff prohibit resident from leaving the facility. |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

INVESTIGATION FINDINGS:

| | |
|----|---|
| 1 | Licensing Program Analyst (LPA) Kimberly Ramirez conducted an unannounced initial complaint |
| 2 | investigation visit on 08/08/2025, regarding the above allegation. LPA Ramirez identified herself and was |
| 3 | greeted by the Wellness Director- Ruth Villa and explained the purpose of the visit. Administrator |
| 4 | Stephanie Funderburg arrived shortly after to assist with tour. |
| 5 | |
| 6 | The investigation consisted of the following: LPA Ramirez requested and obtained copies of |
| 7 | Resident/Client Roster, Staff roster, Staff#1 – 4, 6, interviews (S1 – S4, S6), Attempted Interview of |
| 8 | Staff#5 (S5), Resident#1 – 6 interview (R1- R6), copies of Resident#1 (R1): physician report dated |
| 9 | 2/10/2025, Face sheet, Service plan, Admissions Agreement, Facility Activities Schedule for the month of |
| 10 | August 2025 & July 2025, and physical plant tour. |
| 11 | |
| 12 | See 9099-C for continued narrative. |
| 13 | |

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros
NAME OF LICENSING PROGRAM ANALYST: Kimberly Ramirez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/08/2025

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-20250803223816

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: ASTORIA PARK SENIOR LIVING

FACILITY NUMBER: 198603566

VISIT DATE: 08/08/2025

NARRATIVE

1 The investigation revealed the following: regarding the allegation "**Staff prohibit resident from leaving**
2 **the facility.**" It is alleged staff prohibit resident#1 (R1) from leaving the facility. LPA Ramirez reviewed
3 and obtained a copy of R1's physician's report, which revealed that R1 may not leave the facility
4 unassisted. Interview with resident#1 (R1) revealed that R1 enjoys going on outings when R1 chooses
5 to sign up for an outing. Five (5) out of the five (5) staff interviewed denied the allegation. Five (5) out of
6 the six (6) residents interviewed denied the allegation. Interview with Staff#1 (S1) revealed that R1 may
7 not leave the facility unassisted however, the facility offers in-house activities and community outings.
8 S1 revealed residents can sign up for community outings if they choose to do so. LPA Ramirez reviewed
9 and obtained a copy of the facility posted Activities Schedule for the months of August 2025 and July
10 2025. LPA Ramirez observed several community outings listed including, mornings walks, outings to
11 museums, local ice cream parlors, local restaurants, local retail stores and local movie theaters.
12 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
13 prove the alleged violation did or did not occur, therefore the allegation is **UNSUBSTANTIATED.**

14 No deficiencies were cited. Exit interview was conducted. A copy of this report was provided via email.
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros
NAME OF LICENSING PROGRAM ANALYST: Kimberly Ramirez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/08/2025