

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

**COMPLAINT INVESTIGATION REPORT**

Facility Number: 198603566

Report Date: 03/16/2026

Date Signed: 03/16/2026 02:29:08 PM

**Substantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/23/2026** and conducted by Evaluator Bonnie Tao

	<b>COMPLAINT CONTROL NUMBER: 28-AS-20260223085558</b>
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<b>FACILITY NAME:</b> ASTORIA PARK SENIOR LIVING	<b>FACILITY NUMBER:</b> 198603566
<b>ADMINISTRATOR:</b> MARIA QUIZON	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 925 EAST VILLA STREET	<b>TELEPHONE:</b> (626) 796-4303
<b>CITY:</b> PASADENA	<b>ZIP CODE:</b> 91106
<b>CAPACITY:</b> 220	<b>DATE:</b> 03/16/2026
<b>MET WITH:</b> Administrator, Maria Teresita Capito Quizon	<b>UNANNOUNCED TIME BEGAN:</b> 01:50 PM
	<b>TIME COMPLETED:</b> 02:30 PM

**ALLEGATION(S):**

1	Staff are not meeting residents bathing needs.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Tao conducted an unannounced subsequent visit on 03/16/26, today, to re-deliver the finding for correcting the citation issued on 02/23/26. LPA met with Administrator Maria
2	re-deliver the finding for correcting the citation issued on 02/23/26. LPA met with Administrator Maria
3	Teresita Capito Quizon. The purpose of today's visit and the allegation of the complaint were discussed
4	with the Administrator.
5	
6	The initial complaint visit was conducted on 02/23/26 which included resident / staff interviews, facility
7	tours, and review of facility records. LPA obtained resident roster, staff roster and residents' facility files.
8	The investigation revealed that the facility staff were not meeting residents' bathing needs, which staff did
9	not bathe residents.
10	
11	The allegation was found to be SUBSTANTIATED. Deficiencies were being cited according to California
12	Code of Regulations, Title 22 and Health and Safety Code. An exit interview was conducted with
13	Administrator and a copy of this report/appeal rights were provided.

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Fernando Fierros  
**LICENSING EVALUATOR NAME:** Bonnie Tao  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/16/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/16/2026

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-20260223085558**

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<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	

**FACILITY NAME:** ASTORIA PARK SENIOR LIVING **FACILITY NUMBER:** 198603566  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 03/16/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 03/17/2026 Section Cited CCR 87464(f)(4)	1 Personal assistance and care as 2 needed by the resident .. such as ... 3 bathing... 4 5 This requirement was not met as 6 evidenced by: 7	1 Licensee agreed to provide bathing 2 care to residents who were not 3 provided from last week and keep up 4 with the bathing assistance as 5 scheduled. Showing log will be 6 provided for POC by due date. 7	
	8 Per staff and residents' interviews, staff 9 were not bathing residents and missed 10 at least once last week for providing 11 their bathing needs. 12 13 This poses a potential health and safety 14 risk to residents in care.		
	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.**

**SUPERVISORS NAME:** Fernando Fierros  
**LICENSING EVALUATOR NAME:** Bonnie Tao  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/16/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/16/2026