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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603566
Report Date: 07/24/2026
Date Signed: 07/24/2026 05:10:56 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/06/2026** and conducted by Evaluator Tena Herrera

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260706143444

FACILITY NAME:	ASTORIA PARK SENIOR LIVING			**FACILITY NUMBER:**	198603566
ADMINISTRATOR:	MARIA QUIZON			**FACILITY TYPE:**	740
ADDRESS:	925 EAST VILLA STREET			**TELEPHONE:**	(626) 796-4303
CITY:	PASADENA	**STATE:** CA		**ZIP CODE:**	91106
CAPACITY:	220	**CENSUS:** 155		**DATE:**	07/24/2026
		UNANNOUNCED		**TIME BEGAN:**	09:12 AM
MET WITH:	Maria Quizon - Executive Director			**TIME COMPLETED:**	05:25 PM

ALLEGATION(S):

1	Staff is not qualified to perform duties as a Wellness Director
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Tena Herrera conducted an unannounced subsequent complaint
2	investigation to investigate the allegations listed above. LPA met with Executive Director Maria Quizon
3	and explained the reason for the visit.
4	
5	The investigation consisted of the following:
6	
7	On 7/9/26 LPA Chan conducted the initial visit and obtained copies of the staff roster, resident roster, the
8	job description for the Wellness Director and reviewed the file of the current Wellness Director. During
9	todays visit LPA Herrera reviewed Staff 4 and Staff 2's files (S4 &S2), obtained copy of Wellness
10	Coordinator Job Description and conducted interviews with 4 Staff (S1-S4).
11	
12	Continued on LIC9099-C
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Tena Herrera
LICENSING EVALUATOR SIGNATURE:
DATE: 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/24/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 28-AS-20260706143444

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 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: 07/24/2026

NARRATIVE

The investigation revealed the following:

Allegation: ***Staff is not qualified to perform duties as a Wellness Director***

It is alleged that the current Wellness Director does not meet the qualifications/requirements of the jobs description. LPA reviewed the Wellness Director Job Description and reviewed the previous Wellness Director's file (S5) and S5 had all the qualifications, requirements and training's within their file. S5 left the facility for another job on 6/26/26 and per Interview with the Executive Director they have not yet filled the position but they have promoted a staff for the Wellness Coordinator position which is a step higher than Medication Technician (Med-Tech) and acts as an assistant to the Wellness Director. Executive Director also stated that they have assistance with their Corporate Office where the Nurses/LVN's assist the facility daily until a proper fit for the Wellness Director position is found. LPA reviewed S2's file and all qualifications and requirements listed on the job description were observed in file. LPA interviewed a total of 4 staff and each denied there currently being a Wellness Director and stated that the previous Wellness Director stopped working at the facility in June 26, since then there have been Nurse's/LVN's helping along with the Memory Care Director assisting when needed.

Based on statements and interviews conducted with staff, review of staff files and facility file records, there was not enough supportive evidence to concur with the reported allegation. Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegation is **UNSUBSTANTIATED**. Exit interview held, and a copy of this report was provided.

SUPERVISORS NAME: David Sicairos
LICENSING EVALUATOR NAME: Tena Herrera
LICENSING EVALUATOR SIGNATURE:
DATE: 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/24/2026