

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603597
Report Date: 03/10/2026
Date Signed: 03/10/2026 04:02:53 PM

Unsubstantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/05/2026** and conducted by Evaluator Alberto Lopez

	COMPLAINT CONTROL NUMBER: 28-AS-20260305144046
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FACILITY NAME: SAVANT OF ALHAMBRA	FACILITY NUMBER: 198603597
ADMINISTRATOR: MADELEINE SIEVERT	FACILITY TYPE: 740
ADDRESS: 1 E COMMONWEALTH AVE	TELEPHONE: (626) 289-3871
CITY: ALHAMBRA	ZIP CODE: 91801
CAPACITY: 176	DATE: 03/10/2026
MET WITH: Madeline Sievert, Administrator ``	UNANNOUNCED TIME BEGAN: 10:13 AM
	TIME COMPLETED: 04:07 PM

ALLEGATION(S):

1	pmaff did not dispense medications as prescribed
2	Staff did not ensure medications were properly managed
3	Staff did not allow resident to be re-admitted to facility
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Alberto Lopez conducted an unannounced initial visit to investigate the
2	above allegation. LPA met with Administrator Madeleine "Maddie" Sievert and discussed purpose of the
3	visit. Regional Director of Operations Lisa Pham arrived a short time area and assisted with the visit.
4	
5	The investigation consisted of LPA interviewing (7) staff (S#1 – S#7 and ten (10) residents (R#1-R#10),
6	reviewing and obtaining staff and resident rosters, R1 physicians report, needs and appraisal, Controlled
7	Medication Administration Records (MAR) for July, August, September 2026, PRN Authorization letter
8	dated 12/11/2024. R1 progress notes from 03/18/2025 – October 8, 2025. and Acknowledgement of
9	discharge form dated 10/28/2025.
10	
11	(continued on 9099C)
12	
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Alberto Lopez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/10/2026

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
GREATER LA AC/SC, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: SAVANT OF ALHAMBRA

FACILITY NUMBER: 198603597

VISIT DATE: 03/10/2026

NARRATIVE

1 (continued from 9099)
2

3 The investigation revealed regarding allegation: Staff did not dispense medications as prescribed. It is
4 alleged that facility staff would force him to wake up in the middle of the night to take his pain
5 medications. LPA interviewed seven (7) staff and five (5) of seven (7) staff denied the allegations. One
6 staff member stated that staff would enter resident's room in the early morning hours after knocking on
7 resident's door to administer resident's medication. Staff stated staff were asked by resident to enter
8 resident's room to administer resident's medication in the early morning hours. One former staff member
9 stated that the facility was instructed by the resident to enter resident's room and administer resident's
10 medication in the early morning hours. Staff stated resident would change mind often and get angry at
11 staff if staff did not administer resident's pain medication during the middle of the night. LPA interviewed
12 ten (10) residents and nine (9) of (10) residents could not corroborate the allegations. There is not
13 enough evidence to substantiate this allegation.
14

15 Allegation: Staff did not ensure medications were properly managed. It is alleged that facility would run
16 out of resident's PRN medication and resident would have to go without it for days at times.
17

18 LPA interviewed Seven (7) staff and all seven (7) staff denied the allegations. LPA interviewed ten (10)
19 residents and seven (7) of (10) residents could not corroborate the allegations. A few residents stated
20 that very seldom, their medications are delay, but have never missed a dose. LPA reviewed residents
21 MAR for 07/2025, 08/2025, and 09/2025 and did not find any discrepancies on the forms for the three
22 months reviewed. Resident received PRN medications for those months. LPA reviewed residents
23 progress notes from March 2025 – October 28 2025 and one note mentioned staff calling resident MD
24 for refills. No notes showed resident running out of PRN oxycodone or other medications. Several staff
25 stated that the facility would contact resident's physician when refills were needed, but that at that time
26 the physician would not fill the controlled substances right away and may cause slight delay which was
27 out of facility's control. There is insufficient evidence to substantiate this allegation.
28

29 (Continued on 9099C)
30
31
32

SUPERVISORS NAME: Lisa Hicks
LICENSING EVALUATOR NAME: Alberto Lopez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/10/2026

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LIC9099 (FAS) - (06/04)

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COMMUNITY CARE LICENSING DIVISION
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FACILITY NAME: SAVANT OF ALHAMBRA

FACILITY NUMBER: 198603597

VISIT DATE: 03/10/2026

NARRATIVE

1 (continued from 9099C)
2
3

4 Allegation: Staff did not allow resident to be re-admitted to facility. It is alleged that staff had resident
5 referred to 5150 psychiatric hold and did not allow resident to return. Resident has resided at Savant of
6 Alhambra since 12/11/2024. On 10/09/2025 resident was allegedly angry and threatening staff. Staff
7 called Los Angeles County psychiatric team and was sent to Los Angeles Downtown Medical Center
8 and placed on a 5150 psychiatric hold. A few days later a staff member was sent to skilled nursing
9 facility (SNF) (Green Acres) to reassess resident to admit resident back to facility and staff determined
10 resident required a higher level of care. On 10/28/2025, staff went to the SNF per resident's request to
11 obtain residents personal belongings. During the visit, resident signed Acknowledgement of Discharge
12 form dated 10/28/2025. That shows resident vacating self from facility while acknowledging receipt of
13 resident's belongings. A staff staff member stated that the SNF could not accept the belongings of
14 resident due to space and facility took resident's belongings back to facility and then to storage facility
15 on 01/09/2026. Resident's relative acknowledged all of resident's remaining belongings were received
16 and signed a document dated 01/09/2026. Resident has remained at SNF since resident was placed on
17 5150 hold back on 10/09/2025. At of the time of this report, the resident continues to reside in the SNF.
18 This is evidence that the resident requires higher level of care. The evidence shows that facility cannot
19 readmit resident since resident requires higher level of care. This is also documented by resident's
20 doctor. There is not enough evidence to substantiate this allegation.
21

22 Based on interviews with staff and residents and records review, the information obtained during the
23 investigation is insufficient to support the allegations. Although the allegations may have happened or
24 are valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur,
25 therefore the allegations are UNSUBSTANTIATED.
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LICENSING EVALUATOR NAME: Alberto Lopez

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DATE: 03/10/2026

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