

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603597
Report Date: 06/30/2026
Date Signed: 06/30/2026 02:06:24 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 06/23/2026 and conducted by Evaluator Alberto Lopez

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260623092617
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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:	06/30/2026
		UNANNOUNCED TIME BEGAN:	08:36 AM
MET WITH:	Madeleine "Maddie" Sievert, Administrator	TIME COMPLETED:	02:16 PM

ALLEGATION(S):

1	Staff inappropriately administered resident's medication
2	Staff did not provide resident with a 30-day eviction
3	Staff did not provide resident with records
4	Staff did not provide a comfortable enviornment for resident
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing program Analyst (LPA) Alberto Lopez made an unannounced visit to investigate the above
2	allegations. LPA met with Ruby Andrade – Office manager and discussed the purpose of the visit.
3	Administrator Madeleine "Maddie" Sievert arrived a short time later and assisted with the visit.
4	
5	The investigation consisted of LPA taking a tour of facility, including random rooms, interviewing six (6)
6	staff S#1 – S#6, ten (10) residents R#1 – R#10, reviewing and obtaining staff and resident roosters, R1
7	face sheet, medication administration record, medication list, and physician's report, R1 doctor order for
8	SNF
9	
10	The investigation revealed the following regarding allegation: Staff inappropriately administered resident's
11	medication. It is alleged that facility staff would force R1 to wake up in the middle of the night to take R1
12	pain medications.
13	(continued on 9099C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Hicks	
LICENSING EVALUATOR NAME: Alberto Lopez	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/30/2026

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 3
Control Number 28-AS-20260623092617

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SAVANT OF ALHAMBRA	FACILITY NUMBER: 198603597
	VISIT DATE: 06/30/2026

NARRATIVE	
1	(continued from 9099)
2	
3	LPA interviewed six (6) staff and six (6) of six (6) staff denied the allegations. One staff member stated
4	that staff would enter resident's room in the early morning hours after knocking on resident's door to
5	administer resident's medication. Staff stated staff were asked by resident to enter resident's room to
6	administer resident's medication in the early morning hours. One former staff member stated that the
7	facility was instructed by the resident to enter resident's room and administer resident's medication in
8	the early morning hours. Staff stated resident would change mind often and get angry at staff if staff did
9	not administer resident's pain medication during the middle of the night. LPA interviewed ten (10)
10	residents and nine (9) of (10) residents could not corroborate the allegations. There is not enough
11	evidence to substantiate this allegation.
12	
13	Allegation: Staff did not provide resident with 30-day eviction. It is alleged that facility illegally
14	evicted resident from facility.
15	
16	Resident has resided at Savant of Alhambra since 12/11/2024. On 10/09/2025 resident was allegedly
17	angry and threatening staff. Staff called the Los Angeles County psychiatric team and was sent to Los
18	Angeles Downtown Medical Center and placed on a 5150 psychiatric hold. A few days later a staff
19	member was sent to skilled nursing facility (SNF) (Green Acres) to reassess resident to admit resident
20	back to facility and staff determined resident required a higher level of care. On 10/28/2025, staff went to
21	the SNF per resident's request to provide resident's personal belongings. During the visit, resident
22	signed Acknowledgement of Discharge form dated 10/28/2025. That document shows resident vacating
23	self from facility while acknowledging receipt of resident's belongings. A staff member stated that the
24	SNF could not accept the belongings of resident due to space and facility took resident's belongings
25	back to facility and then to storage facility. On 01/09/2026, resident's relative acknowledged all of
26	resident's remaining belongings were received and signed a document dated 01/09/2026. Resident has
27	remained at SNF since resident was placed on 5150 holds back on 10/09/2025. At the time of this
28	report, the resident continues to reside in the SNF. This is evidence that the resident requires higher
29	level of care. The evidence shows that facility cannot readmit resident since resident requires higher
30	level of care. This is also documented by resident's doctor. There is not enough evidence to substantiate
31	this allegation.
32	
	Allegation: Staff did not provide resident with records. It is alleged that facility will not provide
	resident's X-ray images taken of his ankle and leg. (continued on 9099C)

SUPERVISORS NAME: Lisa Hicks	
LICENSING EVALUATOR NAME: Alberto Lopez	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/30/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/30/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** SAVANT OF ALHAMBRA**FACILITY NUMBER:** 198603597**VISIT DATE:** 06/30/2026**NARRATIVE**

1 (continued from 9099C)
2
3 LPA interviewed six (6) staff and six (6) of six (6) staff denied the allegations. LPA interviewed ten (10)
4 residents and nine (9) of (10) residents could not corroborate the allegations. Several staff stated that
5 the facility provided resident with every document they had of resident and that resident signed a form
6 on 01/09/2026 acknowledging that resident received all resident's personal belongings. Several staff
7 stated that X-ray images should be requested to the place they were completed at. Staff stated they
8 never had any resident's Cray images in their possession. There is not enough evidence to substantiate
9 this allegation.
10
11 Allegation: **Staff did not provide a comfortable environment for resident.** It is alleged that staff did
12 not provide comfortable environment at facility by allowing other residents to make noise by resident's
13 room.
14
15 LPA interviewed six (6) staff and six (6) of six (6) staff denied the allegations. LPA interviewed ten (10)
16 residents and nine (9) of (10) residents could not corroborate the allegations. Resident stated that in the
17 morning hours resident would be awoken due to the noise of other resident's wheelchairs as they
18 prepared to go to the dining hall for breakfast or to begin their day. LPA inspected both rooms that
19 resident had stayed at and the residents of those rooms stated they do not hear any disturbing sounds
20 or noises and are happy residing at facility. There is not enough evidence to support 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 violations did or did not occur,
25 therefore the allegations are **UNSUBSTANTIATED**.
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SUPERVISORS NAME: Lisa Hicks**LICENSING EVALUATOR NAME:** Alberto Lopez**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/30/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/30/2026