

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603606
Report Date: 07/07/2026
Date Signed: 07/07/2026 01:54:50 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 **06/29/2026** and conducted by Evaluator Tena Herrera

PUBLIC		COMPLAINT CONTROL NUMBER: 28-AS-20260629161155	
FACILITY NAME: CLEARWATER AT GLENDORA		FACILITY NUMBER:	198603606
ADMINISTRATOR:MICHELE JOHNSON		FACILITY TYPE:	740
ADDRESS: 333 W. DAWSON AVENUE		TELEPHONE:	(626) 885-0140
CITY: GLENDORA	STATE: CA	ZIP CODE:	91740
CAPACITY: 148	CENSUS: 111	DATE:	07/07/2026
	UNANNOUNCED	TIME BEGAN:	09:45 AM
MET WITH: William Boles – Executive Director		TIME COMPLETED:	02:00 PM

ALLEGATION(S):

1	Staff did not keep resident from being inappropriately touched by another resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Tena Herrera conducted an unannounced complaint visit to investigate the reported allegations. LPA met with Executive Director William Boles and explained the purpose of today's visit.
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4	The investigation consisted of the following: LPA obtained copies of staff/resident rosters, Face Sheet and Special Incident Report for Resident #1, conducted interviews with Local Law Enforcement, 1 Witness (W1), 5 Staff (S1-S5), 5 Residents (R1-R5) and toured the Memory Care wing at facility that has a current census of 38.
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7	(continued on LIC9099-C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: David Sicairos	
LICENSING EVALUATOR NAME: Tena Herrera	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/07/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/07/2026

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-20260629161155

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CLEARWATER AT GLENDORA	FACILITY NUMBER: 198603606
	VISIT DATE: 07/07/2026

NARRATIVE	
1	The investigation revealed the following:
2	<u>Allegation: Staff did not keep resident from being inappropriately touched by another resident.</u>
3	It is alleged that on 5/3/26 facility staff did not maintain a safe environment resulting in R1 being sexually
4	assaulted by R2 at the facility. LPA interviewed Local Law Enforcement who also investigated this
5	allegation and they informed LPA that the outcome was a DA reject due to both individuals having a
6	diagnosis of dementia and both residents having cognitive disabilities that make it difficult to determine if
7	either of the residents knew what they were doing was/is wrong or inappropriate. LPA interviewed R2 in
8	their private room and they denied the allegation, R2 stated they don't touch people, have never
9	assaulted anyone and has never had anyone assault them. LPA interviewed R1, they denied the
10	allegation, stating that they have never been assaulted and feel safe at the facility. Interviews with R3-
11	R5 were conducted and each resident denied the allegation and stated that they have never been
12	touched inappropriately and feel safe at the facility. LPA conducted interviews with 5 staff and each
13	denied the allegation, staff stated that although R1 and R2 are often very friendly with each other and
14	seem to enjoy each other's company there was no thought of this being assault. S3 stated that although
15	the incident of both residents being R2's room and touching each other's arms did happen there was
16	nothing during their investigation to determine this as sexual assault. Interviews with S3-S5 revealed
17	that staff are aware that R1 and R2 are friendly with each other and are monitored to ensure they are
18	not in each other's private rooms, if both residents are not observed in the common areas staff will
19	conduct rounds to ensure both are safe and not left unattended inside of one their rooms. LPA
20	interviewed 1 witness and they stated during their visits they have seen R1 and R2 speaking and
21	interacting in common areas such as dining and activity area, however, they have never seen them
22	touching or left alone in an unattended area. Additionally, LPA toured memory care wing to ensure both
23	R1 and R2's bedrooms are not neighboring each other and there is sufficient space separating both
24	rooms and are on opposite ends.
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26	Based on statements and interviews conducted with staff/residents/witnesses, there was not enough
27	supportive evidence to concur with the reported allegation. Although the allegation may have happened
28	or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur,
29	therefore the allegation is UNSUBSTANTIATED . Exit interview held, and a copy of this report was
30	provided.
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SUPERVISORS NAME: David Sicairos	
LICENSING EVALUATOR NAME: Tena Herrera	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/07/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/07/2026