

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603821

Report Date: 02/23/2026

Date Signed: 02/24/2026 08:14:55 AM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/18/2026** and conducted by Evaluator Sanjay Vaid

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260218123711
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FACILITY NAME: ARCADIA LIVING	FACILITY NUMBER: 198603821
ADMINISTRATOR: ZHANG, JINFANG	FACILITY TYPE: 740
ADDRESS: 601 SUNSET BLVD	TELEPHONE: (888) 218-8921
CITY: ARCADIA	ZIP CODE: 91007
CAPACITY: 99	DATE: 02/23/2026
MET WITH: Administrator, Jenifer Zhang	UNANNOUNCED TIME BEGAN: 08:44 AM
	TIME COMPLETED: 02:30 PM

ALLEGATION(S):

1	Staff did not provide adequate supervision resulting in resident eloping
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Vaid conducted initial 10-day unannounced visit to investigate the
2	above mentioned allegation. LPA was met by Administrator -Jennifer Zhang and the purpose of the visit
3	was discussed.
4	
5	The investigation consists of: LPA Vaid requested, obtained and reviewed staff roster, resident roster,
6	front desk staff schedule. LPA Vaid reviewed the file of R1 and obtained copies of the following
7	documents; -Identification and Emergency Information, -Physician's Report, -Preplacement Appraisal
8	Information, and -Unusual Incident/Injury Report. LPA Vaid interviewed staff and residents.
9	
10	The investigation revealed the following: Staff did not provide adequate supervision resulting in resident
11	eloping. It was alleged that the facility staff did not supervise and monitor R1 which resulted in R1 leaving
12	the facility through the front entrance and going missing.
13	CONTINUED ON 9099C.....

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Sanjay Vaid
LICENSING EVALUATOR SIGNATURE:

DATE: 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2026

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-20260218123711

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 (Cont)

FACILITY NAME: ARCADIA LIVING

FACILITY NUMBER: 198603821

VISIT DATE: 02/23/2026

NARRATIVE

1 Review of R1's documents reveal that R1 has a medical diagnosis that requires staff supervise and
2 monitor of R1, dated 5/17/24. Interviews with staff show that on 02/12/26 R1 left the facility without the
3 knowledge of staff and did not return until off-duty staff S2 observed R1 wandering in the local market at
4 4pm and notified the facility staff, law enforcement were notified. The facility staff and law enforcement
5 brought R1 back to the facility at 510pm, conducted body check for injuries. No injuries to R1's person.
6 No Police Report was made. Last time staff observed R1 was during lunch when R1 was escorted back
7 to their room. S4 was not aware of residents' elopement until the facility was notified and search for
8 resident was announced. S4 had left the front desk to collect copies from the printer and did not
9 observed resident leaving the facility unassisted. Based on LPAs interviews which were conducted and
10 record review, the preponderance of evidence standard has been met, therefore the above allegation is
11 found to be substantiated. California Code of Regulations, (Title 22, Division & Chapter number), are
12 being cited on the attached LIC 9099D.

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15 Exit interview was conducted with Administrator Jennifer Zhang. Copy of reports LIC-9099, LIC-9099C,
16 LIC-9099D and LIC 421IM along with appeals were provided.
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SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Sanjay Vaid
LICENSING EVALUATOR SIGNATURE:

DATE: 02/23/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
MONTEREY PARK ASC, 1000 CORPORATE CNTR

**COMPLAINT INVESTIGATION REPORT
(Cont)**

DR. ST 500
MONTEREY PARK, CA 91754

FACILITY NAME: ARCADIA LIVING

FACILITY NUMBER: 198603821

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/23/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/02/2026 Section Cited CCR 87411(a)	1 87411.Personnel Requirements- 2 General. (a) Facility personnel shall at 3 all times be sufficient in numbers, and 4 competent to provide the services 5 necessary to meet resident needs... 6 This was not met as evidenced by: 7	1 Facility to provide in-service training to 2 staff on the importance of supervision 3 and monitoring of residents in the 4 facility. Training Sign in sheet Will be 5 provided to LPA by POC Due date 6 03/02/2026. 7 Develop plan to assign staff and to 8 monitor residents who are unable to 9 leave the facility.
	8 Facility staff was not aware of R1 9 walking out of the facility. R1 was not 10 supervised by staff. According to files, 11 R1 is not able to leave the facility 12 unassisted. This poses an immediate 13 Health and Safety risk for residents in 14 care and supervision.	8 Submit weekly LIC 500 for month of 9 March 2026.
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	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: Sanjay Vaid LICENSING EVALUATOR SIGNATURE:		DATE: 02/23/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 02/23/2026