

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603824
Report Date: 07/17/2026
Date Signed: 07/17/2026 02:58:08 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 02/24/2026 and conducted by Evaluator Christian Gutierrez

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260224120551
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FACILITY NAME:	ARCADIA RETIREMENT VILLAGE	FACILITY NUMBER:	198603824
ADMINISTRATOR:	ACHARYA, NIRJARA	FACILITY TYPE:	740
ADDRESS:	607 WEST DUARTE RD	TELEPHONE:	(626) 447-6070
CITY:	ARCADIA	ZIP CODE:	91007
CAPACITY:	200	DATE:	07/17/2026
		UNANNOUNCED TIME BEGAN:	02:51 PM
MET WITH:	Paul Gonzon	TIME COMPLETED:	03:10 PM

ALLEGATION(S):

1	Staff are not ensuring residents' needs are being met.
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INVESTIGATION FINDINGS:

1	***This report supersedes report dated 05/21/2026. The purpose of this report is to change findings from
2	substantiated to unsubstantiated for the allegation of staff are not ensuring residents' needs are being
3	met and to include additional information. All other findings remain the same. ****Licensing Program
4	Analyst met with Paul Gonzon and explained the purpose of this visit.
5	
6	Licensing Program Analyst (LPA) Christian Gutierrez conducted a subsequent complain visit in regard to
7	the allegations listed above. LPA met with Activity Assistant Martha Gonzalez who assisted with today's
8	visit. Administrator Paul Gonzon was notified via telephone.
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10	
11	SEE LIC9099C
12	
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: David Sicairos	
LICENSING EVALUATOR NAME: Christian Gutierrez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/17/2026

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-20260224120551

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 RETIREMENT VILLAGE	FACILITY NUMBER: 198603824
	VISIT DATE: 07/17/2026

NARRATIVE	
1	The investigation consisted of the following: During the initial visit conducted on 03/03/2026, LPA Sanjay
2	Vaid conducted an unannounced visit and obtained copies of the resident and staff rosters, documents
3	for Resident #1, and six (6) random residents, resident shower schedules, resident shower refusal logs
4	for February to present, monthly menus, and interviewed Staff #1-#3 and Resident #1-#4. During
5	today's visit, LPA Gutierrez checked kitchen food supply, toured six (6) random resident bedrooms,
6	obtained staff roster, resident roster, reviewed R1's file and obtained copies of R1's service plan, family
7	meeting notes, and shower schedule. LPA also obtained facility food menu, resident council meeting
8	notes, and requests from Administrator to email a copy of Aprils housekeeping schedule for all
9	employees worked. LPA interviewed Administrator, staff #1-staff #8 (S1-S8), and residents# 1-residents
10	#7 (R1-R7). During today's visit LPA delivered findings.
11	
12	In regard to the allegation" Staff are not ensuring residents' needs are being met", It is alleged that staff
13	did not follow R1's care plan for showering. During interviews with Administrator and staff two (2) staff
14	stated that residents are getting showered according to their shower schedule .Two (2) staff indicated
15	there are times that they miss scheduled showers because they are either short staffed or they don't
16	have clean towels During interviews with residents four (4) out of seven (7) stated that they do not need
17	assistance with showers. One (1) R7 stated that he/she gets showered every day because that is there
18	rights and they had assistance from CCLD to enforce that right. One (1) resident R1 stated they need to
19	ask for showers and one (1) resident stated they ask for help occasionally and need to wait. During
20	record review it was reveiled that occurring to R1's care plan they are to be showered twice a week, LPA
21	obtained shower logs for the month of February and R1 should have been showered a total of eight
22	times long indicated four showers, one refusal shower, and three missed showers from staff. LPA also
23	collected notes from a meeting with facility staff and family dated 02/06/2026 indicating showers were to
24	be given twice a week and two showers were missed after that meeting. It could not be concluded that
25	the facility failed to follow R1's care plan since there was documented evidence that R1 refused to be
26	showered at times, and the facility maintained a shower log and documentation during these
27	occurrences. Finally, of the residents interviewed, no residents stated they were not being provided with
28	shower assistance nor was there any evidence confirming any resident had not been provided with a
29	shower for thirteen days
30	
31	"Based on interviews conducted and records reviewed, there is insufficient evidence to support the
32	allegations. Although the allegations may have happened or are valid, there is not a preponderance of
	evidence to prove the alleged violations did or did not occur, therefore the allegations are
	UNSUBSTANTIATED. An exit interview was conducted, and a copy of this report and appeal rights was
	given to Paul Gonzon.

SUPERVISORS NAME: David Sicairos	
LICENSING EVALUATOR NAME: Christian Gutierrez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/17/2026