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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306004192
Report Date: 08/10/2026
Date Signed: 08/10/2026 04:48:09 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES** **COMMUNITY CARE LICENSING DIVISION** **ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100** **ORANGE, CA** 92868

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/03/2026** and conducted by Evaluator Edward Kim

	COMPLAINT CONTROL NUMBER: 22-AS-20260803160824

FACILITY NAME:	WHITTEN HEIGHTS ASSISTED LIVING AND MEMORY CARE			**FACILITY NUMBER:**	306004192
ADMINISTRATOR:	STEVE SHEN			**FACILITY TYPE:**	740
ADDRESS:	200 WEST WHITTIER BLVD.			**TELEPHONE:**	(562) 691-1200
CITY:	LA HABRA	**STATE:** CA		**ZIP CODE:**	90631
CAPACITY:	196	**CENSUS:** 118		**DATE:**	08/10/2026
		UNANNOUNCED		**TIME BEGAN:**	10:30 AM
MET WITH:	COO- Faye Shen			**TIME COMPLETED:**	05:00 PM

ALLEGATION(S):

1	Staff are not providing medication as prescribed.
2	Staff are falsifying medication records.
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INVESTIGATION FINDINGS:

1	On August 10, 2026, at 10:30 AM, Licensing Program Analyst (LPA) Edward Kim conducted an
2	unannounced initial complaint visit and delivered findings at the facility. LPA Kim met with Chief
3	Operating Officer Faye Shen and explained the purpose of the visit.
4	
5	During today's visit, LPA Kim conducted a physical tour of the facility. LPA Kim reviewed and obtained
6	copies of resident roster, staff roster, and one resident’s records, which include: Admission Agreement,
7	Identification and Emergency Information, Physician's Report, Needs and Services Plans/Reappraisal,
8	Medication Administration Record, and other pertinent records. LPA conducted interviews with one
9	residents and four staff.
10	
11	The investigation revealed the following:
12	
13	Continued on LIC9099C

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Edward Kim
LICENSING EVALUATOR SIGNATURE:
DATE: 08/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/10/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 22-AS-20260803160824

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: WHITTEN HEIGHTS ASSISTED LIVING AND MEMORY CARE **FACILITY NUMBER:** 306004192

VISIT DATE: 08/10/2026

NARRATIVE

Allegation: Staff are not providing medication as prescribed.
It is alleged Resident #1 (R1) is experiencing pain and is not receiving their medications when requested.

Based on interviews conducted, four out of four staff and one out of one resident denied the allegation. One of two witnesses confirmed the allegation. One out of two witnesses could not confirm or deny the allegation. R1 stated that the facility provides all medication as prescribed and that if R1 requested pain medication, the staff would provide all the necessary pain medication. Four staff stated that although R1 can communicate verbally, but R1 is soft-spoken and is hard to understand. Through physical cues all staff stated they can understand if R1 is in pain. Whenever R1 was in pain, all staff stated they would provide the correct PRN as needed if requested. Based on record review, Medication Administration Record dated July 2026 show that R1 was given their PRNs on July 1, 2026, to July 30, 2026. R1 did not make any PRN requests for August 2026, and LPA verified this by reviewing the Medication with the Medication Administration Record which matched.

Based on the information gathered, there is no sufficient evidence to corroborate the above allegation. Based on interviews conducted and records reviewed, when R1 requested PRN pain medication, then it was given. If R1 didn't request, then R1 did not receive. R1 verified the facility provides all medication prescribed and through PRN as requests in a timely manner and when requested.

Allegation: Staff are falsifying medication records.
It is alleged on July 6, 2026, that a medication technician was filling out the requested Medication Administration Record (MAR) and was not maintained accurately. It is alleged a more precise and fixed MAR would be sent later in email.

Based on information gathered four out of four staff denied the allegation. One out of two witnesses confirmed the allegation. One out two witnesses could not confirm or deny the allegation. S3 stated that they filled out the MAR in person from the electronic MAR on July 6, 2026, when it was requested. They stated they had made mistakes because they were copying from the electronic MAR to a physical copy. S2 stated that they sent and updated MAR with the correct information from the Electronic MAR to the requested representative. Based on record review, the MAR dated July 2026, the Electronic MAR and PRN MAR was filled accurately for R1 when administered. LPA observed the MAR provided on July 6, 2026, and July 10, 2026, through an email correspondence from the staff and representative. All the documents provided verified the interviews of S2 and S3 about the errors on the MARs provided to the representative.

Continued on LIC9099C

SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Edward Kim
LICENSING EVALUATOR SIGNATURE:
DATE: 08/10/2026

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DATE: 08/10/2026

Control Number 22-AS-20260803160824

FACILITY NAME: WHITTEN HEIGHTS ASSISTED LIVING AND MEMORY CARE

FACILITY NUMBER: 306004192

VISIT DATE: 08/10/2026

NARRATIVE

Based on the information gathered, there is no sufficient evidence to corroborate the above allegation. Based on the record review and interviews, the facility staff did not falsify medication records. There was an error from S3 transcribing from the Electronic MAR to the physical MAR provided to the representative requesting the MAR on July 6, 2026. S2 sent an accurate MAR because they were notified of the concerns and provided the accurate MAR on July 10, 2026.

Based on observations, interviews, and records review, LPA did not find sufficient evidence to support the above allegations Staff are not providing medication as prescribed and Staff are falsifying medication records. 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 allegation is Unsubstantiated.

Exit interview was conducted and a copy of the report was provided to Chief Operating Officer Faye Shen.

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LICENSING EVALUATOR NAME: Edward Kim
LICENSING EVALUATOR SIGNATURE:

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