

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 300600977
Report Date: 08/25/2026
Date Signed: 08/25/2026 11:16:46 AM

Substantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on 05/01/2026 and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20260501153636
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FACILITY NAME: TOWN & COUNTRY	FACILITY NUMBER: 300600977
ADMINISTRATOR: SARA MODUGNO	FACILITY TYPE: 741
ADDRESS: 555 E. MEMORY LANE	TELEPHONE: (714) 547-7581
CITY: SANTA ANA	ZIP CODE: 92706
CAPACITY: 328	DATE: 08/25/2026
	UNANNOUNCED TIME BEGAN: 09:55 AM
MET WITH: Cristina Garcia and Stephanie Jukic	TIME COMPLETED: 11:45 AM

ALLEGATION(S):

1	Staff illegally evicted a resident in care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to deliver findings on the above allegations. LPA was greeted and granted entry into the facility and explained the reason for the visit.
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4	During the course of the investigation, LPA toured the facility and interviewed staff and witness as well as reviewed and obtained documentation such as eviction notice. Regarding the allegation that staff illegally evicted a resident in care, the investigation revealed the following: On April 30, 2026, facility served a thirty-day eviction notice to Resident 1's (R1) responsible party. Per review of notice, notice is missing pertinent information such as unlawful detainer verbiage, relocation assistance and department information which required by regulation rendering the notice as unlawful. Facility did not forward the notice to the department. Based on record review, the preponderance of evidence standard has been met. Therefore, the above allegation is deemed SUBSTANTIATED as per the Title 22, Division 6, Chapter 8 of the California Code of Regulations. Deficiency is being cited on the attached LIC-9099D.
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13	An exit interview was conducted and a copy of this report as well as the appeal rights were provided at exit.

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: Kimberly Lyman	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/25/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/25/2026

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 7
Control Number 22-AS-20260501153636

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

FACILITY NAME: TOWN & COUNTRY	FACILITY NUMBER: 300600977
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 08/25/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 09/08/2026 Section Cited HSC 1569.683(a)(4)	1 2 3 4 5 6 7	In addition to complying with other applicable regulations, a licensee of a residential care facility for the elderly who sends a notice of eviction to a resident shall set forth in the notice to quit the reasons relied upon for the eviction... This req is not met as evidenced by:	1 2 3 4 5 6 7	Licensee agrees to read the regulation and forward a statement of understanding to LPA by POC due date.
	8 9 10 11 12 13 14	Based on record review, Licensee failed to ensure facility provided a proper eviction notice to R1 and the department that included unlawful detainer verbiage, department information and relocation assistance which poses a potential health and safety risk to residents in care.	8 9 10 11 12 13 14	
	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.

SUPERVISOR'S NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: Kimberly Lyman	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/25/2026
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COMPLAINT INVESTIGATION REPORT

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05/01/2026 and conducted by Evaluator Kimberly Lyman

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20260501153636

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ADMINISTRATOR: SARA MODUGNO
FACILITY TYPE: 741
ADDRESS: 555 E. MEMORY LANE
TELEPHONE: (714) 547-7581
CITY: SANTA ANA
STATE: CA
ZIP CODE: 92706
CAPACITY: 328
CENSUS: 82
DATE: 08/25/2026
UNANNOUNCED TIME BEGAN: 09:55 AM
MET WITH: Cristina Garcia and Stephanie Jukic
TIME COMPLETED: 11:45 AM

ALLEGATION(S):

1	Staff neglected a resident resulting in a fracture while in care
2	Staff caused an injury to a resident in care
3	Staff did not seek medical attention for a resident in care in a timely manner
4	Staff did not assist a resident in care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to deliver
2	findings on the above allegations. LPA was greeted and granted entry into the facility and explained the
3	reason for the visit.
4	During the course of the investigation, LPA toured the facility and interviewed staff and witness.
5	Regarding the allegations that Staff neglected a resident resulting in a fracture while in care, Staff caused
6	an injury to a resident in care, Staff did not seek medical attention for a resident in care in a timely
7	manner and Staff did not assist a resident in care, the investigation revealed the following: Per physician
8	report dated January 05, 2026, Resident 1 (R1) is diagnosed with Dementia with behavioral
9	disturbances. Resident Appraisal dated October 31, 2023, shows R1 had a fall prior to admittance to
10	facility which resulted in a fractured pelvis. The resident is not deemed a fall risk per Needs and Services
11	Appraisal dated November 16, 2023. On November 06, 2024, Facility reported that the resident had an
12	un-witnessed fall in the resident's room in which the resident stated they had attempted to pick up a
13	paper on the floor and got light-headed. CONT ON LIC 9099C DATED 08/25/2026

Unsubstantiated	Estimated Days of Completion:
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LIC9099 (FAS) - (06/04) Page: 3 of 7

Control Number 22-AS-20260501153636

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: TOWN & COUNTRY
FACILITY NUMBER: 300600977
VISIT DATE: 08/25/2026

NARRATIVE

1 The resident was sent out to the Hospital. Review of hospital discharge paperwork shows resident
2 was hospitalized from November 06- November 09, 2024, for "Fractures of the right
3 superior and inferior pubic rami with chronic deformities of the left superior and
4 superior and inferior pubic rami." There is no evidence of fractures of the right iliac and sacrum.
5 Four out of four staff interviewed state there was always staff with R1 unless the
6 resident was sleeping; however this incident was reported as "Unwitnessed" per
7 incident report. The resident's family expected staff to always be with the resident
8 and staff obliged per management directive. There was not a specified one on one, it
9 was just understood per family request that a caregiver would be with the resident at
10 all times. Four out of four staff deny the resident was neglected as R1 was
11 continually observed. The resident was always in the activity room and not in the
12 resident's room as the family demanded the resident was to be kept out of the
13 resident's room. Appraisal Needs and Services dated November 16, 2023, does not
14 show the resident as a fall risk. On December 29, 2023, facility reported the resident
15 was carrying a laundry basket with the walker when a caregiver assisted the resident
16 back to the room. The resident ended up falling and receiving a skin tear on the
17 knee. First aid was applied. R1 subsequently reported that the caregiver had been
18 rough with them. Facility initiated an investigation and the incident was reported to
19 the family who declined any further action or medical care per facility notes. Four out
20 of four staff deny knowledge of a caregiver being rough with the resident. Facility
21 notes indicate R1 had a fall without an injury on March 22, 2026. Four out of four
22 staff state assisting the resident with toileting and staff were always with the resident.
23 Per facility notes and incident report, R1 requested to sit on patio on September 02,
24 2024. Staff documented bringing the resident water. When the resident was brought
25 in, R1 had low energy, was warm and red. 911 was called and resident was sent out
26 to the hospital. R1 was subsequently hospitalized for confusion, covid and heat
27 exhaustion. Per Appraisal dated November 16, 2023, R1 was alert and oriented and
28 able to make their needs known. Four out of four staff deny knowledge of how long
29 resident was outside but state the patio is always visible so the resident would not
30 be out of visual range. LPA observed patio is observable from the common area.
31 Staff state R1 preferred to stay on the patio and would protest when staff would bring
32 the resident back in. CONTINUED ON LIC 9099C DATED 08/25/2026

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LICENSING EVALUATOR SIGNATURE: **DATE:** 08/25/2026

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FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 08/25/2026

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

FACILITY NAME: TOWN & COUNTRY **FACILITY NUMBER:** 300600977
VISIT DATE: 08/25/2026

NARRATIVE	
1	Based on records reviewed and interviews conducted, LPA is unable to corroborate
2	the allegations. Therefore, the allegations are deemed unsubstantiated, meaning
3	that although the allegations may have happened or are valid, there is not a
4	preponderance of the evidence to prove that the alleged violations occurred. Exit
5	interview was conducted and copy of the report was provided to the facility.
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CAPACITY: 328	DATE: 08/25/2026
	UNANNOUNCED TIME BEGAN: 09:55 AM
MET WITH: Cristina Garcia and Stephanie Jukic	TIME COMPLETED: 11:45 AM

ALLEGATION(S):

1	Staff did not notify resident's responsible party of a scabies outbreak
2	Staff did not report incidents to licensing
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to deliver
2	findings on the above allegations. LPA was greeted and granted entry into the facility and explained the
3	reason for the visit.
4	During the course of the investigation, LPA toured the facility and interviewed staff and witness as well as
5	reviewed and obtained pertinent documentation such as incident reports. Regarding the allegations that

6 Staff did not notify resident's responsible party of a scabies outbreak and Staff did not report incidents to
7 licensing, the investigation revealed the following: In September 2025, facility experienced a scabies
8 outbreak. Facility notified responsible parties of all residents by email on September 9, 12, and 19, 2025
9 and provided the documentation to LPA. Residents responsible parties with suspected scabies received
10 a phone call from facility. The Department fully investigated the reporting of the scabies outbreak in
11 September 2025 in complaint #22-AS-20250904143853 which revealed the facility was reporting the
12 outbreak to responsible parties in the facility as well as public health. CONTINUED ON LIC 9099C
13 DATED 08/25/2026

Unfounded	Estimated Days of Completion:
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LIC9099 (FAS) - (06/04) Page: 6 of 7

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

FACILITY NAME: TOWN & COUNTRY	FACILITY NUMBER: 300600977
	VISIT DATE: 08/25/2026

NARRATIVE	
1	LPA reviewed incident reports provided for all incidents noted in alleged allegations thus facility has
2	been reporting the incidents. Based on record review, the allegations are deemed UNFOUNDED,
3	meaning that the allegations were false, could not have happened and/or is without a reasonable basis.
4	Exit Interview conducted and a copy of this report was provided.
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