

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 300602548  
Report Date: 02/15/2026  
Date Signed: 02/15/2026 02:55:24 PM

### Unsubstantiated

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/07/2022** and conducted by Evaluator Samer Haddadin

	<b>COMPLAINT CONTROL NUMBER: 22-AS-20220907083335</b>
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<b>FACILITY NAME:</b> KATELLA SENIOR LIVING COMMUNITY	<b>FACILITY NUMBER:</b> 300602548
<b>ADMINISTRATOR:</b> LINDSAY SCHROEDER	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 3952 KATELLA AVENUE	<b>TELEPHONE:</b> (562) 596-2773
<b>CITY:</b> LOS ALAMITOS	<b>ZIP CODE:</b> 90720
<b>CAPACITY:</b> 0	<b>DATE:</b> 02/15/2026
<b>MET WITH:</b> Melanese Prince, Med Tech	<b>UNANNOUNCED TIME BEGAN:</b> 08:30 AM
	<b>TIME COMPLETED:</b> 11:55 AM

**ALLEGATION(S):**

1	Resident is not accorded comfortable accommodations
2	Resident's bathroom sink water is malodorous
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Samer Haddadin conducted an unannounced visit to the facility to deliver findings regarding the above-mentioned allegations. Upon arrival, LPA Haddadin explained the purpose of the visit and was greeted and granted entry by Med-Tech Melanese Prince. As part of the investigation, LPA Haddadin toured the facility's physical plant, conducted interviews, and requested copies of pertinent records for review.
2	It was alleged that "Resident is not accorded comfortable accommodations" and "Resident's bathroom sink water is malodorous." LPA Haddadin conducted four staff interviews and four resident interviews, and all interviewees denied the allegations. During today's visit, LPA Haddadin also completed a walk-through of the facility, including common areas and the resident rooms associated with the interviews.
3	The rooms observed appeared orderly and maintained, and the bathrooms and fixtures appeared operable at the time of observation. {***CONTINUE 9099C***}
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Alisa Ortiz  
**LICENSING EVALUATOR NAME:** Samer Haddadin  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/15/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/15/2026

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

LIC9099 (FAS) - (06/04)

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**Control Number** 22-AS-20220907083335

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:** KATELLA SENIOR LIVING COMMUNITY

**FACILITY NUMBER:** 300602548

**VISIT DATE:** 02/15/2026

### NARRATIVE

1 LPA Haddadin checked the bathroom sinks in the rooms visited and did not detect an unpleasant odor  
2 or malodorous smell from the sink water. No standing water, visible plumbing back-up, or other  
3 conditions suggestive of an ongoing plumbing issue were observed. The facility hallways and common  
4 areas appeared clean, adequately lit, and free of any distinct odor that would indicate a facility-wide  
5 plumbing concern. Based on these observations, the facility environment appeared consistent with  
6 providing residents functioning utilities and basic accommodations that support daily living. During  
7 record review, LPA Haddadin reviewed the facility's current maintenance log and observed the facility  
8 documents maintenance issues and resident concerns and tracks corrective action. The log reflected  
9 repairs are generally addressed. LPA Haddadin also confirmed through resident interviews that  
10 residents are able to report concerns to staff and that issues are typically addressed after being  
11 reported. Additionally, on September 13, 2022, the Department conducted a visit to the facility regarding  
12 the above-mentioned allegations, and toured the interior areas to assess whether residents were  
13 provided comfortable accommodations, including appropriate indoor temperature during hot and cold  
14 weather conditions. During that visit, the Department observed the facility had a functioning centralized  
15 heating system available for cold weather, as well as centralized air conditioning and fans for use during  
16 hot weather. At the time of the Department's visit, No standing water, visible plumbing back-up, or other  
17 conditions suggestive of an ongoing plumbing issue were observed. Also the air conditioning system  
18 was on and appeared operational. Based on those observations, the Department verified the facility  
19 maintained equipment and resources intended to support a comfortable daily living.  
20 During the investigation, LPA Haddadin requested resident records, staff records, and maintenance  
21 documentation pertaining to the incident timeframe. However, pursuant to Title 22, California Code of  
22 Regulations, section 87506(e), Residential Care Facilities for the Elderly (RCFEs) are required to  
23 maintain resident records for a period of three years. In addition, the facility underwent a Change of  
24 Ownership on April 3, 2025. As a result, LPA Haddadin was unable to obtain certain records pertaining  
25 to the timeframe relevant to this investigation. Based on interviews, record review, and observations, the  
26 preponderance of evidence standard was not met; therefore, the allegations are deemed  
27 unsubstantiated. An exit interview was conducted, and a copy of this report, along with Confidential  
28 Names list LIC811 was provided to Med-Tech Melanese Prince.

**SUPERVISORS NAME:** Alisa Ortiz  
**LICENSING EVALUATOR NAME:** Samer Haddadin  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/15/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/15/2026

LIC9099 (FAS) - (06/04)

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