

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 300607488
Report Date: 03/25/2026
Date Signed: 03/25/2026 03:03:18 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/22/2024** and conducted by Evaluator Ruth Martinez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20240322140918
---------------	---

FACILITY NAME: HERITAGE POINTE	FACILITY NUMBER: 300607488
ADMINISTRATOR: JONATHAN PERLES	FACILITY TYPE: 740
ADDRESS: 27356 BELLOGENTE	TELEPHONE: (949) 364-9685
CITY: MISSION VIEJO	ZIP CODE: 92691
CAPACITY: 225	DATE: 03/25/2026
MET WITH: Georgianna Mendez	UNANNOUNCED TIME BEGAN: 02:30 PM
	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Staff neglect resulted in a resident sustaining an injury from multiple falls
2	Staff left a resident unattended while being transported to the hospital
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On this day, Licensing Program Analyst (LPA) Ruth Martinez made an unannounced visit to the facility for the purpose of following up on the investigation of the allegations listed above and delivering findings to the licensee. LPA was greeted and granted entry by facility staff after introducing themselves and stating the reason for the visit. Administrator Georgianna Mendez was present on the premises and assisted with the visit after being presented with the four allegations under review.
2	
3	
4	
5	
6	
7	The initial complaint investigation visit was conducted on March 28, 2024. During the visit, LPA requested and obtained records maintained at the facility for resident R1. A follow-up visit took place on July 22, 2025, with additional records requested. Additional interviews attempted or conducted during the investigation.
8	
9	
10	
11	
12	Continue on LIC9099-C
13	

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/25/2026

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 6

Control Number 22-AS-20240322140918

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: HERITAGE POINTE

FACILITY NUMBER: 300607488

VISIT DATE: 03/25/2026

NARRATIVE

1 Resident R1 was admitted to the facility on September 30, 2013 with a primary diagnosis of
2 hypertension and no initial indication of major neurocognitive disorders at the time of admission. R1 was
3 discharged from the facility on January 9, 2024.
4

5 Regarding the allegation that Staff neglect resulted in a resident sustaining an injury from multiple falls:
6 Based on the evidence gathered, there have been multiple instances of fall incidents sustained by R1, at
7 least one of which resulted in injury and hospital treatment. The evidence gathered is however
8 insufficient to clearly establish that the falls were attributable to staff neglect rather than to changes in
9 the resident's condition. The allegation is therefore found to be Unsubstantiated.
10

11 Regarding the allegation that Staff left a resident unattended while being transported to the hospital, the
12 following has been concluded: After a fall sustained on December 8, 2023, R1 was first transported via
13 EMS to Hoag Hospital in Irvine before being transferred to Hoag Hospital Newport Beach at the
14 neurosurgery department due to a suspicion of a subdural hematoma. A review of the resident records
15 maintained at the facility also allowed LPA to corroborate that the responsible party for the resident had
16 been contacted by the facility staff following the fall. A fax reporting the fall to the resident's physician
17 was also located. Report states that EMS had initially informed the facility that the resident would be
18 transported to Saddleback MemorialCare but was re-routed to Hoag Irvine for unknown reasons which
19 appears to explain why R1's responsible party had to actively attempt to locate the resident following
20 admission. A copy of R1's Consent for Emergency Medical Treatment was present and on file.
21 As resident was placed under the responsibility of EMS personnel, the allegation is found to be
22 Unsubstantiated, meaning that although the allegation may have happened or is valid, there is not a
23 preponderance of the evidence to prove that the alleged violation occurred.
24

25 An exit interview was conducted and a copy of this report was provided to a facility representative.
26
27
28
29
30
31
32

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/25/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 6

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

PUBLIC

COMPLAINT CONTROL NUMBER: 22-AS-20240322140918

FACILITY NAME: HERITAGE POINTE

FACILITY NUMBER: 300607488

ADMINISTRATOR: JONATHAN PERLES

FACILITY TYPE: 740

ADDRESS: 27356 BELLOGENTE

TELEPHONE: (949) 364-9685

CITY: MISSION VIEJO

STATE: CA

ZIP CODE: 92691

CAPACITY: 225

CENSUS:

DATE: 03/25/2026

MET WITH: Georgianna Mendez

UNANNOUNCED TIME BEGAN: 02:30 PM

TIME COMPLETED: 03:30 PM

ALLEGATION(S):

- 1 Staff did not provide adequate care and supervision to a resident
- 2 Staff did not properly report incidents involving a resident
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 On this day, Licensing Program Analyst (LPA) Ruth Martinez made an unannounced visit to the facility for
- 2 the purpose of following up on the investigation of the allegations listed above and delivering findings to
- 3 the licensee. LPA was greeted and granted entry by facility staff after introducing themselves and stating
- 4 the reason for the visit. Administrator Georgianna Mendez was present on the premises and assisted
- 5 with the visit after being presented with the four allegations under review.
- 6
- 7 The initial complaint investigation visit was conducted on March 28, 2024. During the visit, LPA requested
- 8 and obtained records maintained at the facility for resident R1. A follow-up visit took place on July 22,
- 9 2025, with additional records requested. Additional interviews attempted or conducted during the
- 10 investigation.
- 11
- 12 Continued on LIC9099-C
- 13

Substantiated

Estimated Days of Completion:

SUPERVISORS NAME: Armando J Lucero

LICENSING EVALUATOR NAME: Ruth Martinez

LICENSING EVALUATOR SIGNATURE:

DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/25/2026

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

LIC9099 (FAS) - (06/04)

Page: 3 of 6

Control Number 22-AS-20240322140918

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: HERITAGE POINTE

FACILITY NUMBER: 300607488

VISIT DATE: 03/25/2026

NARRATIVE

- 1 Resident R1 was admitted to the facility on September 30, 2013 with a primary diagnosis of
- 2 hypertension and no initial indication of major neurocognitive disorders at the time of admission.
- 3 Subsequent appraisals were conducted and reviewed, including updates to R1's plan of care dated
- 4 June 22 and August 23, 2023.
- 5 Per a review of available charting notes, over a period starting in May 2023 and ending with the
- 6 resident's discharge in January 2024, R1 sustained at least five separate fall incidents. A significant

7 bruise on R1's buttocks was reported to the family and primary care provider on August 25, 2023 with no
8 ability to clearly determine the origin of the bruise. On that day, R1 was sent to Mission Hospital via 911
9 for generalized weakness and low food/drink intake and diagnosed with acute kidney injury. No report
10 on file submitted to the Orange County Regional Office. Another reported fall occurred on November 7,
11 2023, with facility staff indicating resident had lost their balance but were assessed to not present any
12 injury or pain. Fall also not reported to the Department of Social Services per a review of Incident
13 Reports on file. R1 sustained another fall on December 8, 2023 and was first transported via EMS to
14 Hoag Hospital in Irvine before being transferred to Hoag Hospital Newport Beach at the neurosurgery
15 department due to a suspicion of a subdural hematoma. A review of the resident records maintained at
16 the facility also allowed LPA to corroborate that the responsible party for the resident had been
17 contacted by the facility staff following the fall. A fax reporting the fall to the resident's physician was also
18 located. Report states that EMS had initially informed the facility that the resident would be transported
19 to Saddleback MemorialCare but was re-routed to Hoag Irvine for unknown reasons which appears to
20 explain why R1's responsible party had to actively attempt to locate the resident following admission.
21 Finally, another fall incident, this time not resulting in significant injury also appeared to be documented
22 on January 8, 2024 and reported to the resident's primary care physician and responsible party but not
23 to the Department of Social Services. R1 were discharged to their authorized representative on January
24 9, 2024.

25
26 Regarding the allegation that Staff did not provide adequate care and supervision to a resident, the
27 following has been concluded: Despite multiple occurrences of fall incidents sustained by R1, the
28 individual needs assessments conducted by facility staff on June 22 and August 23, 2023 fail to
29 document the fact that the resident was at risk for falls. Furthermore, the evolution of R1's Mild Cognitive
30 Impairment to a documented diagnosis of dementia was not apparent in the physician until after the
31 resident was hospitalized, in spite of signs and incidents occurring in the months leading to the
32 emergency hospitalization.

Continued on LIC9099-C

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/25/2026

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

FACILITY NAME: HERITAGE POINTE **FACILITY NUMBER:** 300607488
VISIT DATE: 03/25/2026

NARRATIVE

1 Regarding the allegation that Staff did not properly report incidents involving a resident, the following
2 has been concluded: No reports were made to the Orange County Regional Office during any of the
3 documented fall or hospitalization incidents sustained by R1 in 2023 and 2024.
4
5 As a result, both allegations are found to be Substantiated, meaning that the preponderance of the
6 evidence standard has been met.
7
8 Two deficiencies to Title 22 requirements are being cited on an attached form LIC9099-D
9
10 An exit interview was conducted and a copy of this report was provided to a facility representative.
11
12
13
14
15
16
17
18
19
20

21
22
23
24
25
26
27
28
29
30
31
32

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE: _____
DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 03/25/2026

LIC9099 (FAS) - (06/04)

Page: 5 of 6

Control Number 22-AS-20240322140918

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

FACILITY NAME: HERITAGE POINTE

FACILITY NUMBER: 300607488

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/25/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/01/2026 Section Cited CCR 87463(b)	1 Per CCR 87463(b), "the reappraisal 2 shall document significant changes in 3 the resident's physical, mental, 4 cognitive, behavioral, or functional 5 condition". This requirement is not met 6 as evidenced by: Based on records 7 reviewed, R1 was never assessed to be a fall risk in spite of	1 Licensee agrees to review section cited 2 and submit proof before the plan of 3 corrections due date. 4 5 6 7
	8 multiple occurrences of falls between 9 May 2023 and January 2024, at least 10 one of which resulted in an injury. This 11 constitutes an immediate risk to the 12 health, safety and personal rights of 13 individuals in care. 14	
Type B 04/01/2026 Section Cited CCR 87211(a)(1)	1 Per CCR, "Each licensee shall furnish 2 to the licensing agency such reports as 3 the Department may require, including, 4 but not limited to, the following: (1) A 5 written report shall be submitted to the 6 licensing agency (...) within seven days 7 of the occurrence of any of the events specified in (A) through	1 Licensee agrees to review reporting 2 requirements and submit proof before 3 the plan of corrections due date. 4 5 6 7
	8 (D) below. (D) Any incident which 9 threatens the welfare, safety or health 10 of any resident (...)" This requirement 11 was not met as evidenced by: Multiple 12 fall incidents including instances that 13 resulted in injury and/or hospitalization 14 were not reported to the Department. This constitutes a potential	8 risk to the health, safety and personal 9 rights of individuals in care. 10 11 12 13 14

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: Armando J Lucero LICENSING EVALUATOR NAME: Ruth Martinez LICENSING EVALUATOR SIGNATURE:	DATE: 03/25/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/25/2026