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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 300607488
Report Date: 08/13/2026
Date Signed: 08/13/2026 11:21:11 AM

Substantiated

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 **08/09/2026** and conducted by Evaluator Joseph Alejandre

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260809130809

FACILITY NAME:	HERITAGE POINTE			**FACILITY NUMBER:**	300607488
ADMINISTRATOR:	ERIN PALPOSI			**FACILITY TYPE:**	740
ADDRESS:	27356 BELLOGENTE			**TELEPHONE:**	(949) 364-9685
CITY:	MISSION VIEJO	**STATE:** CA		**ZIP CODE:**	92691
CAPACITY:	225	**CENSUS:** 107		**DATE:**	08/13/2026
		UNANNOUNCED		**TIME BEGAN:**	08:00 AM
MET WITH:	Georgi Mendez			**TIME COMPLETED:**	11:00 AM

ALLEGATION(S):

1	Staff did not provide requested record(s) to resident’s representative in a timely manner.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Joseph Alejandre made an unannounced visit to conduct the required
2	10-day visit to begin the investigation into the allegation listed above. LPA met with Executive Director
3	Georgi Mendez and explained the reason for the visit. The investigation into the allegation, staff did not
4	provide requested record(s) to resident’s representative in a timely manner, revealed the following. It was
5	reported that the responsible party for Resident 1 (R1) requested R1's records including assessments
6	and incident reports for R1. A review of records showed R1's responsible party requested R1's records
7	via email on August 7, 2026. According to the Health and Safety Code, enumerated rights,
8	severability,1569.269(a)(21) residents have the right, "To have prompt access to review all of their
9	records and to purchase photocopies. Photocopied records shall be promptly provided, not to exceed two
10	business days, at a cost not to exceed the community standard for photocopies." LPA interviewed the
11	Executive Director who reported that they received the request but have not provided the requested
12	documents. The Executive Director reported the documents are being prepared and will be provided by
13	August 14, 2026.

Substantiated	Estimated Days of Completion:

SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Joseph Alejandre
LICENSING EVALUATOR SIGNATURE:
DATE: 08/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/13/2026

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

Control Number 22-AS-20260809130809

FACILITY NAME: HERITAGE POINTE **FACILITY NUMBER:** 300607488
VISIT DATE: 08/13/2026

NARRATIVE

Based on the evidence gathered the facility has not provided the requested documents in the specified time frame therefore, the preponderance of evidence standard has been met; the allegation is deemed substantiated. Deficiencies are being cited per Title 22, Division 6 of the California Code of Regulations. An exit interview was conducted, and a copy of this report and appeal rights was provided to the Executive Director.

SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Joseph Alejandre
LICENSING EVALUATOR SIGNATURE:
DATE: 08/13/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/13/2026

Control Number 22-AS-20260809130809

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

FACILITY NAME: HERITAGE POINTE **FACILITY NUMBER:** 300607488

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/13/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/21/2026 **Section Cited** HSC 1569.269(a)(21)	1 2 3 4 5 6 7 To have prompt access to review all of their records and to purchase photocopies. Photocopied records shall be promptly provided, not to exceed two business days, at a cost not to exceed the community standard for photocopies. This requirement was not met as evidenced by...	1 2 3 4 5 6 7 Administrator agrees to provided the requested documents by August 14, 2026 and to sign a statement of understanding for HSC 1569.269. Proof of correction to be provided to the LPA by the POC due date.
	8 9 10 11 12 13 14 R1's responsible party requested R1's records on August 7, 2026, but has not received the documents, this poses a potential health, safety and personal rights 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: Sheila Santos
LICENSING EVALUATOR NAME: Joseph Alejandre
LICENSING EVALUATOR SIGNATURE:
DATE: 08/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/13/2026