

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 300613273
Report Date: 08/07/2026
Date Signed: 08/07/2026 04:41:36 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMPLAINT INVESTIGATION REPORT	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 11/25/2025 and conducted by Evaluator Edward Kim

	COMPLAINT CONTROL NUMBER: 22-AS-20251125150222
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FACILITY NAME:	MORNINGSIDE OF FULLERTON	FACILITY NUMBER:	300613273
ADMINISTRATOR:	RICHARD ALLEN NORDSIEK	FACILITY TYPE:	741
ADDRESS:	800 MORNINGSIDE DR.	TELEPHONE:	(714) 256-8000
CITY:	FULLERTON	ZIP CODE:	92835
CAPACITY:	712	DATE:	08/07/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	10:15 AM
	CENSUS: 393	TIME COMPLETED:	12:30 PM
MET WITH:	Administrator- Christopher Oakeson		

ALLEGATION(S):

1	Failure to provide resident records
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INVESTIGATION FINDINGS:

1	On August 7, 2026, Licensing Program Analyst (LPA) Edward Kim conducted a subsequent complaint
2	visit to deliver complaint investigation findings. LPA met with Administrator Christopher Oakeson and
3	explained the purpose of the visit.
4	
5	The investigation consisted of the following. LPA Kim toured the facility. LPA requested and obtained
6	copies of the resident and staff rosters. LPA requested copies of two residents service records which
7	include Physician's Report, Appraisal/Needs and Services Plan, admission agreements, facesheets, and
8	other document records.
9	
10	The investigation revealed the following:
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12	Continued on LIC9099C
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lourdes Montoya	
LICENSING EVALUATOR NAME: Edward Kim	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/07/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/07/2026

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 4

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COMPLAINT INVESTIGATION REPORT	

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ADMINISTRATOR: RICHARD ALLEN NORDSIEK	FACILITY TYPE: 741
ADDRESS: 800 MORNINGSIDE DR.	TELEPHONE: (714) 256-8000
CITY: FULLERTON	ZIP CODE: 92835
CAPACITY: 712	DATE: 08/07/2026
	UNANNOUNCED TIME BEGAN: 10:15 AM
MET WITH: Administrator- Christopher Oakeson	TIME COMPLETED: 12:30 PM

ALLEGATION(S):

1	Failure to follow residents approved contract
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INVESTIGATION FINDINGS:

1	On August 7, 2026, Licensing Program Analyst (LPA) Edward Kim conducted a subsequent complaint visit to deliver complaint investigation findings. LPA met with Administrator Christopher Oakeson and explained the purpose of the visit. The investigation consisted of the following. LPA Kim toured the facility. LPA requested and obtained copies of the resident and staff rosters. LPA requested copies of two residents service records which include Physician's Report, Appraisal/Needs and Services Plan, admission agreements, facesheets, and other document records. The investigation revealed the following: Continued on LIC9099C
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Unfounded	Estimated Days of Completion:
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LICENSING EVALUATOR NAME: Edward Kim	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/07/2026
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**COMPLAINT INVESTIGATION REPORT
(Cont)**CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE
7100
ORANGE, CA 92868

FACILITY NAME: MORNINGSIDES OF FULLERTON

FACILITY NUMBER: 300613273

VISIT DATE: 08/07/2026

NARRATIVE

1 Allegation: Failure to follow residents approved contract

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On November 25, 2025, the Department received a complaint alleging, "failure to follow residents approved contract." The complaint alleges that when the residents (R1 and R2) moved into the community, R1 was placed on a Type A contract, while R2 was denied a Type A contract and instead offered a Type C, fee-for-service contract, with a monthly discount to help offset the required long-term care insurance policy. The complaint alleges that R2 was improperly placed on a Type C contract and that the discount to offset the insurance policy has not been adjusted to keep up with costs.

Throughout the course of the investigation the Department conducted interviews and reviewed documentation relevant to the allegation. While reviewing the Residence and Care Agreement (RCA) and residency offer letter for R1 and R2 dated October 20, 2020, it was found that there was an Amendment to the residence and care agreement regarding use of health care center due to pre-existing condition(s) or health history "Type C -Fee for Service Contract" which stated:

We recognize that Residents are currently capable of residential living upon initial occupancy. However, Residents and we recognize that R2's health history and/or condition disqualify [them] from participation in the long- term care coverage.

WHEREAS, R2 has a disqualifying pre-existing health condition(s) or history; see Physician's Report for Residential Care Facilities for The Elderly (602A).

R1 and R2 signed the amended contract on 10/30/2020 certifying that they were aware of any pre-existing health conditions and agreed to the fee-for-service contract. The residency offer letter reviewed included that there would be a \$400 reduction in the monthly fee for R2 but did not indicate that the monthly fee would be readjusted.

Based on the documents reviewed and information provided, the Department has determined that the allegation, "Failure to follow residents approved contract," is unfounded due to the lack of evidence to support the allegation.

An exit interview was conducted and a copy of this report was provided to Administrator Christopher Oakeson.

SUPERVISORS NAME: Lourdes Montoya

LICENSING EVALUATOR NAME: Edward Kim

LICENSING EVALUATOR SIGNATURE:

DATE: 08/07/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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NARRATIVE

1 Allegation: Failure to provide resident records

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It is alleged that the facility did not provide all documentation of the review criteria and process that led

4 to the denial to their contract. It is also alleged the facility claims that no such documentation exists.
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6 Based on interviews, one resident confirmed the allegation. One staff denied the allegation. Staff #1
7 (S1) stated that Resident #1 (R1) requested documentation to understand why the facility would not let
8 R2 have a Type A contract and was placed in Type C Contract. S1 stated that they had provide all
9 necessary requests from R1 and has email correspondence to between themselves (S1) and R1
10 showing this. S1 also stated that they had met with R1 in person on several occasions during the same
11 time the email correspondence from August 2025 to October 2025. Based on record reviews, email
12 correspondence between R1 and S1 dated, August 5, 2025, to October 7, 2025, about the process and
13 review for R2. R1 made a request for medical documents on September 21, 2025. S1 responded on
14 September 25, 2025, that all documents were provided and shared with R1. R1 responded on
15 September 29, 2025, that the facility did not share all documents. S1 responded in on October 7, 2025,
16 that the facility provided all of R2's documentation for assessment and review to R1. S1 stated that they
17 could go over the process and remaining questions or concerns.
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19 Based on interviews, and records review, LPA did not find sufficient evidence to support the above
20 allegation failure to provide resident records. Although the allegation may have happened or are valid,
21 there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the
22 allegation is Unsubstantiated.
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24 Exit interview was conducted and a copy of the report was provided to Administrator Christopher
25 Oakeson.
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