

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306000372

Report Date: 01/16/2026

Date Signed: 01/16/2026 02:46:34 PM

Unsubstantiated

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 **02/10/2025** and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20250210085536
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FACILITY NAME: ATRIA DEL SOL	FACILITY NUMBER: 306000372
ADMINISTRATOR: GOODWIN, JEREMIAH	FACILITY TYPE: 740
ADDRESS: 23792 MARGUERITE PKWY	TELEPHONE: (949) 458-1176
CITY: MISSION VIEJO	ZIP CODE: 92692
CAPACITY: 120	DATE: 01/16/2026
MET WITH: Jeremiah Goodwin	UNANNOUNCED TIME BEGAN: 01:10 PM
	TIME COMPLETED: 03:05 PM

ALLEGATION(S):

1	Staff do not ensure adequate care and supervision is being provided
2	Staff do not ensure resident records are properly maintained
3	Staff do not ensure residents grooming and hygiene needs are being met
4	Staff do not ensure facility is kept free of mal odors
5	Staff do not ensure medications are dispensed as prescribed
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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 investigation, LPA toured the facility and interviewed staff as well as reviewed and obtained pertinent documentation such as physician report. Regarding the allegations that staff do not ensure adequate care and supervision is being provided, staff do not ensure resident records are properly maintained, staff do not ensure residents grooming and hygiene needs are being met, staff do not ensure facility is kept free of mal odors and staff do not ensure medications are dispensed as prescribed, the investigation revealed the following: Resident 1 (R1) is diagnosed with Dementia per physician report dated 11/26/2024. Six out of six staff interviewed state care and supervision was being provided to the resident. Staff state the resident would remove all clothing and depends making it difficult to keep the resident accident free but indicate resident was checked 3-4 times per shift CONTINUED ON LIC 9099C DATED 01/16/2026
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Kimberly Lyman
LICENSING EVALUATOR SIGNATURE:

DATE: 01/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/16/2026

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-20250210085536

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: ATRIA DEL SOL

FACILITY NUMBER: 306000372

VISIT DATE: 01/16/2026

NARRATIVE

1 if not in the common areas. Six out of six staff state grooming and hygiene needs were being met
2 although the resident would frequently refuse grooming as well as incontinence care. Facility staffing in
3 memory care is as follows: Three caregivers/ med tech for 1st and 2nd shift depending on census and 1
4 caregiver/ med tech for NOC shift. The resident had a cat and six out of six staff state caring for the cat
5 as well as cleaning the cat box. Due to the propensity of the cat to vomit and incontinence needs, carpet
6 cleaning was conducted 1-2 times per week at a minimum and Maintenance confirms this service.
7 Review of housekeeping records show the resident's room was being regularly cleaned. LPA observed
8 no odors in the facility on three different visits. Physician order dated 02/05/2025 indicates resident was
9 prescribed Seroquel 25mg the evening of 02/05/2025. Medication administration record shows the
10 facility was waiting for the prescription to be filled prior to the resident being hospitalized for a urinary
11 tract infection on 02/09/2025. Facility staff indicate insurance issues and a change in protocol of the
12 pharmacy may have resulted in the delay in filling the prescription. Staff indicate an incident where the
13 resident's family member was inadvertently told the resident had received the medication when in fact
14 the medication was not on-site yet. LPA reviewed two physician orders for Tylenol and Ativan as routine
15 medications following Atria's policy of no PRN medications in the memory care unit. Both were signed
16 by R1's personal physician.
17 Based on observations and interviews conducted, LPA is unable to corroborate the allegations.
18 Therefore, the allegations are deemed unsubstantiated, meaning that although the allegations may have
19 happened or are valid, there is not a preponderance of the evidence to prove that the alleged violations
20 occurred. An exit interview was conducted with Administrator and a copy of this report was provided to
21 facility.
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LICENSING EVALUATOR NAME: Kimberly Lyman
LICENSING EVALUATOR SIGNATURE:

DATE: 01/16/2026

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DATE: 01/16/2026

LIC9099 (FAS) - (06/04)

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