

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306000372
Report Date: 09/18/2024
Date Signed: 09/18/2024 01:02:51 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 **08/02/2024** and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20240802132042
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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	STATE: CA ZIP CODE: 92692
CAPACITY: 120	CENSUS: 95 DATE: 09/18/2024
MET WITH: Jeremiah Goodwin	UNANNOUNCED TIME BEGAN: 10:40 AM
	TIME COMPLETED: 01:20 PM

ALLEGATION(S):

1	Staff does not provide adequate meal service
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced subsequent complaint
2	visit to continue the investigation into the above allegation. LPA was greeted and granted entry into the
3	facility and explained the reason for the visit.
4	During the course of the investigation, LPA toured the memory care unit and interviewed staff and
5	residents. Regarding the allegation that staff does not provide adequate meal service, the investigation
6	revealed the following: LPA observed lunch service. At 11:22 AM, meals were delivered via dumbwaiter.
7	The meal trays were immediately put into warming trays and were observed to be visibly steaming. At
8	11:41, soup was delivered to tables and LPA observed the soup to be hot at the resident's tables. At
9	11:55 AM, staff presented the residents with two different meal choices to pick from. At 12:00 PM, the
10	main meals were delivered to resident tables and LPA observed the hot meal choice was hot at delivery.
11	LPA observed no residents in need of eating assistance. Four out of four residents interviewed state
12	caregivers are respectful and food is delivered hot. CONTINUED ON LIC 9099C DATED 09/18/2024
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/18/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/18/2024

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-20240802132042

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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: 09/18/2024

NARRATIVE

1 Based on observations and interviews conducted, LPA is unable to corroborate the allegation.
2 Therefore, the allegation is deemed unsubstantiated, meaning that although the allegation may have
3 happened or are valid, there is not a preponderance of the evidence to prove that the alleged violation
4 occurred. An exit interview was conducted with Administrator and a copy of this report was provided to
5 facility.
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NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman
LICENSING PROGRAM ANALYST SIGNATURE:

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DATE: 09/18/2024

LIC9099 (FAS) - (06/04)

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