

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306000752

Report Date: 02/06/2026

Date Signed: 02/06/2026 03:35:25 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 **02/26/2021** and conducted by Evaluator Claudia Gutierrez

| | |
|---------------|---|
| PUBLIC | COMPLAINT CONTROL NUMBER: 22-AS-20210226151742 |
|---------------|---|

| | |
|--|---|
| FACILITY NAME: ATRIA GOLDEN CREEK | FACILITY NUMBER: 306000752 |
| ADMINISTRATOR: WENTWORTH, NICOLE | FACILITY TYPE: 740 |
| ADDRESS: 33 CREEK RD | TELEPHONE: (949) 786-5665 |
| CITY: IRVINE | ZIP CODE: 92604 |
| CAPACITY: 155 | DATE: 02/06/2026 |
| MET WITH: Jeremy Gilmore | UNANNOUNCED TIME BEGAN: 08:45 AM |
| | TIME COMPLETED: 03:50 PM |

ALLEGATION(S):

| | |
|---|---|
| 1 | Staff mismanaging resident's medications. |
| 2 | Staff mismanaging residents medical records. |
| 3 | Staff not administering medications to residents according to physician's orders. |
| 4 | Centrally stored medications are not kept in a safe and locked place. |
| 5 | Staff failed to report observed changes of condition. |
| 6 | Staff failed to report incident(s). |
| 7 | Residents have scabies. |
| 8 | Staff failed to protect residents from harm. |
| 9 | |

INVESTIGATION FINDINGS:

| | |
|----|--|
| 1 | An unannounced Complaint Investigation was conducted on this day by Licensing Program Analyst (LPA) |
| 2 | Claudia Gutierrez regarding the allegations mentioned above for the purpose of delivering findings. LPA |
| 3 | met with Executive Director (ED) Jeremy Gilmore. |
| 4 | |
| 5 | Regarding allegations, Staff mismanaging resident's medications, Staff mismanaging residents' medical |
| 6 | records, and Staff not administering medications to residents according to physician's orders, the |
| 7 | following was revealed: it is alleged staff forged physician signatures, altered physician orders, |
| 8 | postponed the construction of resident binders leaving incomplete paperwork, and delayed the |
| 9 | destruction of narcotics. During the course of the investigation, LPA conducted a tour of the facility, |
| 10 | including the medication room, and conducted file review for select residents. LPA observed medication |
| 11 | to be centrally stored and locked in medication carts located within the medication room. LPA observed |
| 12 | narcotics for select residents to be current and did not observe any narcotics pending destruction. (Cont. |
| 13 | LIC9099-C) |

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

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Claudia Gutierrez
LICENSING EVALUATOR SIGNATURE:

DATE: 02/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2026

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 3

Control Number 22-AS-20210226151742

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 GOLDEN CREEK

FACILITY NUMBER: 306000752

VISIT DATE: 02/06/2026

NARRATIVE

1 Interviews were conducted with thirteen staff and five residents. Five of five residents denied having any
2 knowledge of staff forging physician signatures or altering physician orders. Three of five residents
3 stated their facility file, and paperwork is complete to their knowledge and two of five residents stated
4 they were unsure of what paperwork would be required. Nine of thirteen staff interviewed denied staff
5 forging or altering physician signatures and denied having any knowledge of incomplete paperwork or
6 delayed destruction of medication. One of thirteen staff stated they do not work with medication or
7 resident paperwork and did not know if staff had forged or altered physician orders or signatures. Three
8 separate attempts were made to contact three of thirteen staff, however, they could not be reached to
9 confirm or deny allegations.

11 Regarding allegation, Centrally stored medications are not kept in a safe and locked place, the following
12 was revealed: Five of five residents denied the allegation and stated they have not seen any medication
13 out of place or in common areas. Ten of thirteen staff denied the allegation and stated medication is
14 maintained centrally stored and locked. Three separate attempts were made to contact three of thirteen
15 staff, however, they could not be reached to confirm or deny allegation. During the course of the
16 investigation, LPA did not observe any medication out of place or in common areas.

18 Regarding allegation, Staff failed to report incident(s), the following was reviewed: It is alleged staff were
19 prevented from reporting incidents, including behavioral and psychological changes, to residents' family.
20 During their interview, five of five residents denied the allegation and stated all incidents, including
21 changes in their condition are reported to their responsible parties. Eight of thirteen staff interviewed
22 stated incidents, including changes in condition, are always reported to the residents' responsible
23 parties and denied ever being personally instructed not to report an incident or having any knowledge of
24 staff ever being prevented from reporting any incident. Two of thirteen staff stated they were not
25 responsible for reporting incidents and did not know if all incidents were or are being reported. Three
26 separate attempts were made to contact three of thirteen staff, however, they could not be reached to
27 confirm or deny allegation.

29 Regarding allegation, Residents have scabies, the following was reviewed: It is alleged the facility
30 refused to admit the presence of scabies resulting in an unknown number of residents and five staff
31 contracting scabies. Five of five residents interviewed have been residing at the facility since 2021 and
32 denied the presence of scabies then and now. During the course of the investigation, five of five staff
identified as having scabies were contacted. (Cont. LIC9099-C)

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Claudia Gutierrez
LICENSING EVALUATOR SIGNATURE:

DATE: 02/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 22-AS-20210226151742

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

**COMPLAINT INVESTIGATION REPORT
(Cont)**

CCLD Regional Office, 770 THE CITY DR., SUITE
7100
ORANGE, CA 92868

FACILITY NAME: ATRIA GOLDEN CREEK

FACILITY NUMBER: 306000752

VISIT DATE: 02/06/2026

NARRATIVE

1 Three of five staff stated they had contracted scabies while working the facility and had been provided
2 with medical treatment by the Licensee, however, were unable to identify residents alleged to have also
3 contracted scabies. Three separate attempts were made to contact two of five staff, however, they could
4 not be reached to confirm or deny allegation.

5
6 Regarding allegation, Staff failed to protect residents from harm, the following was revealed: It is alleged
7 Staff 1 (S1) interacted with COVID residents and was then mandated to pass medication in the COVID-
8 free residents. Three of five residents stated there was a division of staff working with COVID positive
9 residents and a separate division of staff working non-COVID residents. Two of five residents denied
10 knowing whether or not there was separation of staff working with COVID and non-COVID residents.
11 Nine of thirteen staff interviewed denied having knowledge of alleged incident and stated there was a
12 division of staff working with COVID residents and a separate division of staff working with non-COVID
13 residents. One of thirteen staff stated they do not provide care to the residents and stated they did not
14 know whether or not there was a division of staff. Three separate attempts were made to contact S1 and
15 two additional staff, however, they could not be reached to confirm or deny allegation.

16
17 Based on observations made during the course of the investigation, resident record review, and due to
18 allegations being uncorroborated during interviews conducted, the Department is unable to determine if
19 Staff mismanaged residents' medications, if Staff mismanaged residents' medical records, if Staff did not
20 administer medications to residents according to physician's orders, if Centrally stored medications were
21 not kept in a safe and locked place, if Staff failed to report observed changes of condition, if Staff failed
22 to report incident(s), if Residents had scabies or, if Staff failed to protect residents from harm. Although
23 the above allegations may have happened or are valid, there is not a preponderance of evidence to
24 prove the alleged violations did or did not occur, therefore at this time the above allegations are
25 unsubstantiated.

26
27 An exit interview was conducted and copy of this report was provided at the end of the inspection.
28
29
30
31
32

SUPERVISORS NAME: Armando J Lucero

LICENSING EVALUATOR NAME: Claudia Gutierrez

LICENSING EVALUATOR SIGNATURE:

DATE: 02/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2026