

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306000889
Report Date: 03/02/2026
Date Signed: 03/02/2026 11:02:47 AM

Unfounded

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 **02/25/2026** and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20260225105026
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FACILITY NAME: SENIOR LIVING COMMUNITY FOR THE EASTERN STAR IN CA	FACILITY NUMBER: 306000889
ADMINISTRATOR: KAT FARRIS	FACILITY TYPE: 741
ADDRESS: 16850 E. BASTANCHURY ROAD	TELEPHONE: (714) 577-9281
CITY: YORBA LINDA	ZIP CODE: 92886
CAPACITY: 76	DATE: 03/02/2026
MET WITH: Lita Spicer and Kat Farris	UNANNOUNCED TIME BEGAN: 08:00 AM
	TIME COMPLETED: 11:20 AM

ALLEGATION(S):

1	Staff overmedicated a resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to initiate an investigation into the above allegation. LPA was greeted and granted entry into the facility and
2	explained the reason for the visit.
3	
4	During the course of the investigation, LPA toured the facility and interviewed staff and resident as well
5	as reviewed and obtained pertinent documentation such as medication administration record (MAR).
6	Regarding the allegation that staff overmedicated a resident, the investigation revealed the following:
7	Interview with Resident 1 (R1) showed the resident had a lack of awareness of which medications are
8	prescribed. Medication orders show R1 is prescribed Hydrocodone (Norco) 10/325mg twice daily and
9	Trazadone HCL 50mg at bedtime. Review of MAR indicates resident has been receiving the medications
10	as prescribed. Per physician report dated 12/16/2025, R1 is diagnosed with Mild Cognitive Impairment
11	with disorientation. Based on interviews conducted and record review, the allegation is deemed
12	UNFOUNDED, meaning the allegation was false, could not have happened and/or is without a
13	reasonable basis. Exit interview conducted and a copy of this report was provided to facility representative.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Kimberly Lyman
LICENSING EVALUATOR SIGNATURE: _____
DATE: 03/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 03/02/2026

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 2

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ALLEGATION(S):

1	Staff threatened a resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to initiate
2	an investigation into the above allegations. LPA was greeted and granted entry into the facility and
3	explained the reason for the visit.
4	During the course of the investigation, LPA toured the facility and interviewed staff and residents.
5	Regarding the allegation that staff threatened a resident, the investigation revealed the following: Six out
6	of six staff deny threatening Resident 1 (R1) and state the resident directs inappropriate language at
7	staff. Interview with R1 indicated a threatening statement was made by staff one time only. Four out of
8	four residents deny threatening or inappropriate language and state satisfaction with the facility. Based
9	on interviews conducted, LPA is unable to corroborate the allegation. Therefore, the allegation is deemed
10	unsubstantiated, meaning that although the allegation may have happened or are valid, there is not a
11	preponderance of the evidence to prove that the alleged violation occurred. An exit interview was
12	conducted and a copy of this report was provided.
13	

Unsubstantiated	Estimated Days of Completion: _____
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SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Kimberly Lyman
LICENSING EVALUATOR SIGNATURE: _____
DATE: 03/02/2026

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

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