

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306000961

Report Date: 01/22/2026

Date Signed: 01/22/2026 04:18:03 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 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 **02/01/2021** and conducted by Evaluator Jerome Haley

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20210201111047
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FACILITY NAME: WALNUT VILLAGE	FACILITY NUMBER: 306000961
ADMINISTRATOR: NADINE A. ROISMAN	FACILITY TYPE: 741
ADDRESS: 891 WALNUT STREET	TELEPHONE: (714) 776-7150
CITY: ANAHEIM	ZIP CODE: 92802
CAPACITY: 334	DATE: 01/22/2026
MET WITH: Deborah Infield	UNANNOUNCED TIME BEGAN: 03:15 PM
	TIME COMPLETED: 04:35 PM

ALLEGATION(S):

1	Resident sustained multiple falls while in care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jerome Haley made an unannounced visit to the facility to complete the
2	investigation and deliver findings on the complaint allegation listed above. LPA explained the purpose of
3	the visit upon entry. The complaint investigation consisted of interviews and document review.
4	
5	Regarding the allegation: Resident sustained multiple falls while in care
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7	During the investigation, interviews were conducted with 3 individuals including facility staff and a family
8	member of Resident 1 (R1). Documents were reviewed and revealed that R1 did sustain falls while in
9	care. According to documents, falls occurred November 16, 2019, August 14, 2020, and January 26,
10	2021. After the fall in January 2021, R1 was sent to skilled nursing for physical therapy before returning
11	to the facility. Additional document review reveal, R1 was put on hospice July 13, 2021, and eventually
12	passed away at the facility with their family at bedside.
13	Continued on LIC9099C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Jerome Haley
LICENSING EVALUATOR SIGNATURE:

DATE: 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/22/2026

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-20210201111047

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: WALNUT VILLAGE

FACILITY NUMBER: 306000961

VISIT DATE: 01/22/2026

NARRATIVE

1 W1 was interviewed regarding the January 26, 2021, fall and W1 confirmed a fall did occur; however,
2 W1 stated they were pleased with the care provided at the facility.
3

4 Based on the information gathered during the investigation through interviews and document review, the
5 Department is unable to ascertain if the allegation occurred as reported. Although the allegation may
6 have happened or is valid, there is not a preponderance of evidence to prove or refute the alleged
7 violations occurred; therefore, the allegation is deemed unsubstantiated.
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9 An exit interview was conducted, and a copy of this report was provided.
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SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Jerome Haley
LICENSING EVALUATOR SIGNATURE:

DATE: 01/22/2026

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DATE: 01/22/2026

LIC9099 (FAS) - (06/04)

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