

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 306001000  
Report Date: 12/01/2021  
Date Signed: 12/01/2021 12:47:40 PM

## Substantiated

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/23/2021** and conducted by Evaluator Kimberly Lyman

	<b>COMPLAINT CONTROL NUMBER: 22-AS-20211123154819</b>
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<b>FACILITY NAME:</b> BROOKDALE VALLEY VIEW	<b>FACILITY NUMBER:</b> 306001000
<b>ADMINISTRATOR:</b> DANIEL LINES	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 5900 CHAPMAN AVE	<b>TELEPHONE:</b> (714) 898-3524
<b>CITY:</b> GARDEN GROVE	<b>STATE:</b> CA <b>ZIP CODE:</b> 92845
<b>CAPACITY:</b> 160	<b>CENSUS:</b> 56 <b>DATE:</b> 12/01/2021
<b>MET WITH:</b> Daniel Lines	<b>UNANNOUNCED TIME BEGAN:</b> 10:00 AM
	<b>TIME COMPLETED:</b> 12:00 PM

### ALLEGATION(S):

1	Facility charging fees and rent for services not provided.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPAs) Kimberly Lyman and Kevin Saborit-Guasch conducted an
2	unannounced complaint visit to initiate investigation on the above allegation. LPAs were greeted and
3	granted entry into the facility by Executive Director Daniel Lines and explained the reason for the visit.
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5	During the course of the investigation, LPAs interviewed Executive Director (ED) as well as reviewed and
6	obtained pertinent documentation such as billing records and credit statements. Regarding the allegation
7	that facility charging fees and rent for services not provided, the investigation revealed the following:
8	Resident 1 (R1) was a resident at the facility from 09/05/ 2021- 09/28/2021 as respite. R1 transitioned to
9	a regular resident from 09/29/2021-10/31/2021. Upon review of billing, LPAs observed a discrepancy on
10	the statement. ED stated R1's total amount owed was \$210 referencing personal solutions. Review of bill
11	indicated R1 had paid for \$134 out of \$210 leaving a balance due of \$76 only. There is nothing in writing
12	indicating resident owes \$210 only verbal notification from ED and current invoice indicates R1 owes
13	\$1594.00. ED states R1 has been credited CONTINUED ON LIC 9099C DATED 12/01/2021.

**Substantiated**

**Estimated Days of Completion:**

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

**DATE:** 12/01/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/01/2021

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-20211123154819

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:** BROOKDALE VALLEY VIEW

**FACILITY NUMBER:** 306001000

**VISIT DATE:** 12/01/2021

### NARRATIVE

1 all but \$210 and the bill does not reflect that. ED provided a credit statement indicating the credits have  
2 been applied. The preponderance of evidence standard has been met, therefore the above allegation is  
3 found to be SUBSTANTIATED. California Code of Regulations, (Title 22, Division 6, Chapter 8), are  
4 being cited on the attached LIC 9099D. An exit interview was conducted with ED and a copy of this  
5 report was provided as well as appeal rights.  
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**NAME OF LICENSING PROGRAM MANAGER:** Alisa Ortiz  
**NAME OF LICENSING PROGRAM ANALYST:** Kimberly Lyman  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 12/01/2021

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/01/2021

LIC9099 (FAS) - (06/04)

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**Control Number** 22-AS-20211123154819

**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** BROOKDALE VALLEY VIEW**FACILITY NUMBER:** 306001000**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 12/01/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 12/15/2021 <b>Section Cited</b> CCR 87468.2(a)(8)	1 In addition to the rights listed in 2 Section...., residents in privately 3 operated residential care facilities for 4 the elderly shall have all of the following 5 personal rights: To be free from neglect, 6 financial exploitation... This requirement 7 is not being met as evidenced by:	1 Licensee provided a credit to R1's 2 account during the visit and will forward 3 notification of credit to R1. CLEARED 4 DURING VISIT. 5 6 7
	8 Based on record review, Licensee failed 9 to ensure R1 was free from financial 10 exploitation. Upon record review, LPA 11 observed a discrepancy on R1's bill 12 resulting in R1 being overcharged. This 13 poses a potential health and safety risk 14 to residents in care.	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**NAME OF LICENSING PROGRAM MANAGER:** Alisa Ortiz**NAME OF LICENSING PROGRAM ANALYST:** Kimberly Lyman**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 12/01/2021**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 12/01/2021