

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306001145
Report Date: 07/09/2026
Date Signed: 07/09/2026 02:16:25 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 08/07/2023 and conducted by Evaluator Jenifer Tirre

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20230807095535
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FACILITY NAME: MEADOWLARK GARDENS V	FACILITY NUMBER: 306001145
ADMINISTRATOR: WILKES, CHRISTINE M.	FACILITY TYPE: 740
ADDRESS: 17342 ZEIDER LANE	TELEPHONE: (714) 840-1776
CITY: HUNTINGTON BEACH	ZIP CODE: 92647
CAPACITY: 6	DATE: 07/09/2026
	UNANNOUNCED TIME BEGAN: 12:30 PM
MET WITH: Sarah Wilkes	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Resident was injured due to staff negligence.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jenifer Tirre, met with Administrator Sarah Wilkes for the purpose of
2	delivering findings for the above allegations. The investigation consisted of records obtained and
3	interviews conducted. On August 7, 2023, the department received allegations that Resident was injured
4	due to staff negligence. The investigation was completed by the department and revealed the following:
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6	Per record review, Department requested for incident reports of which facility only had one from the
7	months of January to August of 2023. No incident reports were found on file of incident of neglect. Per
8	interviews with staff, staff stated they could not recall any incidents at the time of initial complaint
9	received around august of 2023. Per interview with resident 1 (R1) stated they are moved by staff using
10	hoyer lift to which R1 stated they have no issues or concerns regarding how staff handle them or the care
11	being provided.
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13	CONTINUED ON 9099C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lourdes Montoya LICENSING EVALUATOR NAME: Jenifer Tirre LICENSING EVALUATOR SIGNATURE:		DATE: 07/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 07/09/2026

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
Control Number 22-AS-20230807095535

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: MEADOWLARK GARDENS V	FACILITY NUMBER: 306001145 VISIT DATE: 07/09/2026
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NARRATIVE	
1	At time complaint was received, reporting party did not provide name of resident allegedly injured or
2	names of staff members involved. Reporting party did not provide a date of when incident occurred.
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4	Based on information provided from investigation, there is not enough information to corroborate the
5	allegation resident was injured due to staff negligence deeming the allegation as UNSUBSTANTIATED
6	meaning that although the allegation may have happened or is valid, there is no preponderance of
7	evidence to prove the alleged violation did or did not occur as reported.
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9	An exit interview was conducted with Administrator Sarah Wilkes and copy of report was provided.
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