

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306001157

Report Date: 03/10/2026

Date Signed: 03/10/2026 09:38:26 AM

Unsubstantiated

| | |
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| 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 **12/03/2025** and conducted by Evaluator Ruth Martinez

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| PUBLIC | COMPLAINT CONTROL NUMBER: 22-AS-20251203102018 |
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|---|---|
| FACILITY NAME: PARK TERRACE | FACILITY NUMBER: 306001157 |
| ADMINISTRATOR: KOEHLER, EUGENE (GENO) | FACILITY TYPE: 740 |
| ADDRESS: 21952 BUENA SUERTE | TELEPHONE: (949) 888-2250 |
| CITY: RANCHO SANTA MARGARI | STATE: CA ZIP CODE: 92688 |
| CAPACITY: 230 | CENSUS: DATE: 03/10/2026 |
| MET WITH: Joni Payabyab, Resident care Manager | UNANNOUNCED TIME BEGAN: 07:45 AM |
| | TIME COMPLETED: 10:00 AM |

ALLEGATION(S):

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|---|--|
| 1 | Staff do not answer residents calls for assistance timely. |
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INVESTIGATION FINDINGS:

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| 1 | Licensing Program Analyst (LPA) Ruth Martinez conducted an unannounced visit to the facility to |
| 2 | conclude investigation into the above identified complaint allegations. |
| 3 | |
| 4 | Findings are based upon this investigation which included tour of the facility, facility file review, resident |
| 5 | file review, interviews conducted, and copies of pertinent records. |
| 6 | |
| 7 | It is alleged that staff do not answer residents' calls for assistance timely, specifically to for resident (R1) |
| 8 | and resident (R2) for dates if September 10, 2025, and October 23, 2025. LPA Martinez conducted a tour |
| 9 | of the physical plant of the facility on December 11, 2025, and tested various pull cord throughout the |
| 10 | facility. The response time from care staff was 2 minutes at all pull cord testing. Interview with staff stated |
| 11 | that with |
| 12 | |
| 13 | Continued on LIC809-C |

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

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE: _____
DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 03/10/2026

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-20251203102018

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|---|---|
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| COMPLAINT INVESTIGATION REPORT (Cont) | |

FACILITY NAME: PARK TERRACE **FACILITY NUMBER:** 306001157
VISIT DATE: 03/10/2026

| NARRATIVE | |
|-----------|---|
| 1 | the two dates in question for September 10, 2025, and R1 the pull cord was pulled on and off several |
| 2 | times and when staff went to check on resident staff was informed the cord was pulled and then turned |
| 3 | off by person pulling the alarm. Since the alert showed multiple times, staff went in to check on residents |
| 4 | regardless of if the alarm was cleared. For October 23, 2025, the staff received an alert and R2 waited |
| 5 | minutes and when staff arrived at the apartment 911 had already been called by a family member. |
| 6 | Review of records device activity report for R1 & R2 apartment reflect that on September 10, 2025, the |
| 7 | cord was pulled four times as follows: 4:14:58 AM pulled cleared 4:15:20Am duration of 22 seconds and |
| 8 | 4:31:22 AM pulled cleared 4:31:36 AM. October 23, 2025, the cord was pulled at 7:08:06PM cleared |
| 9 | 7:19:19PM duration of 11 minutes and 13 seconds. Interview with 5 of 5 residents stated that when they |
| 10 | press their pendent or pull the cord the staff always respond within a reasonable time, and they don't |
| 11 | wait to long for assistance. |
| 12 | |
| 13 | Based on the information mentioned above, the Department is unable to ascertain if the allegation |
| 14 | occurred as reported. Although the allegation may have happened or is valid, there is not a |
| 15 | preponderance of evidence to prove or refute the alleged violation occurred; therefore, this allegation is |
| 16 | deemed Unsubstantiated. |
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| 18 | An exit interview was conducted with the facility representative and a copy of this LIC9099 report was |
| 19 | left at facility. |
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SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE: _____
DATE: 03/10/2026

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DATE: 03/10/2026