

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306001408
Report Date: 10/10/2024
Date Signed: 10/10/2024 01:09:42 PM

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 **04/26/2023** and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20230426155340
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FACILITY NAME: PARK PLAZA	FACILITY NUMBER: 306001408
ADMINISTRATOR: BENJAMIN DAVIS	FACILITY TYPE: 740
ADDRESS: 620 S. GLASSELL STREET	TELEPHONE: (714) 997-5355
CITY: ORANGE	STATE: CA
CAPACITY: 115	ZIP CODE: 92866
MET WITH: Ben Davis	CENSUS: 97
	DATE: 10/10/2024
	UNANNOUNCED TIME BEGAN: 12:00 PM
	TIME COMPLETED: 01:30 PM

ALLEGATION(S):

1	Staff did not provide adequate supervision resulting in resident wandering away from facility
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to continue
2	the investigation into the above allegation. 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, interviewed Administrator as well as
5	reviewed and obtained pertinent documentation such as physician report. Regarding the allegation that
6	staff did not provide adequate supervision resulting in resident wandering away from facility, the
7	investigation revealed the following: Resident 1 (R1) admitted into the facility on 03/31/2023 with a
8	diagnosis of hypothyroidism. On 04/24/2023, Resident was discovered in the facility parking lot at
9	approximately 3:00 AM after the exit door alarm had triggered. Resident was brought back into the facility
10	with no injuries noted. Physician report dated 03/27/2023 indicated no cognitive impairment and resident
11	is able to leave the facility unassisted. Based on interviews conducted and record review, the allegation is
12	deemed 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:

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz

NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/10/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/10/2024

This report must be available at Child Care and Group Home facilities for public review for 3 years.