

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306001848
Report Date: 04/22/2026
Date Signed: 04/22/2026 04:48:00 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 04/15/2026 and conducted by Evaluator Fred Arias

		COMPLAINT CONTROL NUMBER: 22-AS-20260415121540	
FACILITY NAME: PACIFICA ROYALE ASSISTED LIVING COMMUNITY		FACILITY NUMBER:	306001848
ADMINISTRATOR: EDWARD MASLOBODSKY		FACILITY TYPE:	740
ADDRESS: 15022 PACIFIC ST.		TELEPHONE:	(714) 892-4446
CITY: MIDWAY CITY		ZIP CODE:	92655
CAPACITY: 132		DATE:	04/22/2026
		UNANNOUNCED TIME BEGAN:	08:52 AM
MET WITH: Edward Maslobodsky		TIME COMPLETED:	05:02 PM

ALLEGATION(S):

1	Staff did not ensure the elevator was not in disrepair resulting in residents being isolated
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Fred Arias conducted an unannounced complaint visit to finalize an investigation into the above allegation. LPA was greeted and granted entry into the facility and explained the reason for the visit.
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5	It was alleged staff did not ensure the elevator was not in disrepair resulting in residents being isolated. LPA conducted interviews with staff and residents. LPA reviewed records obtain.
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7	
8	The investigation determined as follows: Regarding the allegation staff did not ensure the elevator was not in disrepair resulting in residents being isolated, it was reported the elevator was broken for many months without attempting to repair and residents could not access services like food and activities. LPA observed elevator in good working order. LPA observed the elevator permit to operate issued by the California Department of Industrial Relations date August 11, 2025 valid for one year located inside the elevator. LPA observed two evacuation chairs set up in the two stairways for the facility.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: Fred Arias	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/22/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/22/2026

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 4
Control Number 22-AS-20260415121540

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 (Cont)	

FACILITY NAME: PACIFICA ROYALE ASSISTED LIVING COMMUNITY	FACILITY NUMBER: 306001848
	VISIT DATE: 04/22/2026

NARRATIVE	
1	In addition, the facility recently installed electric power chair lifts in one of the stairways to assist non-
2	ambulatory residents to move from floor to floor. During an annual conducted on April 9, 2026 by the
3	Department, the evacuations chairs were observed by the LPA and LPA observed the elevator in
4	working order. Interviews with five out of five residents confirmed the elevator did not work from one to
5	five days in March 2026. The five residents stated during this time, meals were delivered to their rooms
6	and were assisted with activities of daily living (ADLs). The five residents could not recall another time
7	when the elevator was non-operational longer than five days in the past. Four out of the five residents
8	stated medications were provided in their rooms during this time. The remaining resident stated they did
9	not require the use of medications. Interviews with eight out of eight staff stated the elevator was not
10	operational for approximately three to five days early March 2026. The eight staff added meal service,
11	medication administration, and other ADLs were provided to the residents while the facility worked on
12	repairing the elevator. Eight out of eight staff denied the elevator was in disrepair longer than five days in
13	the past. Record review revealed the facility had a maintenance contract in place effective March 1,
14	2026 to May 31, 2026 with Amtech Elevator Services. Administrator Edward Maslobodsky provided
15	check stubs for payments made to Ametech Elevator Services for repairs made on October 9, 2025,
16	November 3, 2025, and March 4, 2026. The facility also paid Delta Elevator on April 7, 2026 for an
17	additional repair since the incident occurred.
18	
19	Although the elevator was non-operational for some days in March 2026, the facility took action to make
20	repairs to the elevator and provided appropriate services to the residents during this time.
21	
22	Based on interviews, records observed, and LPA observations, the allegation staff did not ensure the
23	elevator was not in disrepair resulting in residents being isolated therefore is deemed unsubstantiated
24	meaning that although the allegation may have happened or is valid, there is not a preponderance of the
25	evidence to prove that the alleged violation occurred.
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27	An exit interview was conducted and a copy of the report was left with the facility representative.
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: Fred Arias	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/22/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/22/2026

LIC9099 (FAS) - (06/04) Page: 2 of 4	
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
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CITY: MIDWAY CITY	ZIP CODE: 92655
CAPACITY: 132	DATE: 04/22/2026
STATE: CA	TIME BEGAN: 08:52 AM
CENSUS: 74	TIME COMPLETED: 05:02 PM
UNANNOUNCED	
MET WITH: Edward Maslobodsky	

ALLEGATION(S):

1 Staff did not ensure resident patio doors were accessible
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Fred Arias conducted an unannounced complaint visit to finalize an
2 investigation into the above allegation. LPA was greeted and granted entry into the facility and explained
3 the reason for the visit.
4
5 It was alleged staff did not ensure resident patio doors were accessible. LPA conducted interviews with
6 staff and residents.
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8 The investigation determined as follows: Regarding the allegation staff did not ensure resident patio
9 doors were accessible, it was reported most resident patio doors are sealed, preventing residents from
10 accessing fresh air. LPA observed nine out of nine randomly picked resident rooms with sliding doors or
11 standard doors unlocked, allowing residents to access their balconies. Interviews with five out of five
12 residents stated they can access their balconies through their rooms. Interviews with five out of eight staff
13 stated residents can access their balconies. The five staff added residents will contact the front desk or
maintenance personnel if they have any issues with their room.

Unfounded**Estimated Days of Completion:**

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Fred Arias
LICENSING EVALUATOR SIGNATURE:

DATE: 04/22/2026

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received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 04/22/2026

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LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**COMPLAINT INVESTIGATION REPORT
(Cont)**

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

FACILITY NAME: PACIFICA ROYALE ASSISTED LIVING
COMMUNITY

FACILITY NUMBER: 306001848**VISIT DATE:** 04/22/2026**NARRATIVE**

1	The remaining three staff did not add anything relevant to the allegation.
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3	Based on interviews and observations, LPA is unable to corroborate the allegation. Therefore, the
4	allegation is deemed to be UNFOUNDED, meaning that the allegation was false, could not have
5	happened and/or is without a reasonable basis.
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7	An exit interview was conducted and a copy of the report was left with the facility.
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