

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306002060
Report Date: 05/07/2026
Date Signed: 05/07/2026 03:53:34 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 **04/30/2026** and conducted by Evaluator Jessica Cho

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260430132811
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FACILITY NAME: HILLCREST RESIDENTIAL CARE #2		FACILITY NUMBER:	306002060
ADMINISTRATOR: EDUARDO CAPISTRANO		FACILITY TYPE:	740
ADDRESS:	6462 E. CALLE DEL NORTE	TELEPHONE:	(714) 281-4030
CITY:	ANAHEIM HILLS	ZIP CODE:	92807
CAPACITY:	6	DATE:	05/07/2026
STATE: CA		UNANNOUNCED TIME BEGAN:	08:17 AM
CENSUS: 4		TIME COMPLETED:	04:10 PM
MET WITH: Eduardo Capistrano- Licensee			

ALLEGATION(S):

1	Licensee smoked marijuana inside the facility.
2	Food service does not meet the needs of the residents.
3	Staff are unable to meet the needs of the residents due to language barrier.
4	Staff yelled at resident.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jessica Cho arrived unannounced for the purpose of initiating the
2	complaint investigation into the above allegations. LPA met with Licensee Eduardo Capistrano and
3	explained the reason for the visit. During the course of the investigation, LPA toured the physical plant
4	and successfully interviewed three of four residents, two staff, and one witness. LPA was unable to obtain
5	a statement and qualify one resident due to their medical condition. LPA also obtained the following
6	records for review: Face Sheets, Physcian's Reports, Personal Rights, Personnel Report Summary and
7	training records for Staff #1 (S1).
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9	The investigation is as follows: Regarding the allegation, Licensee smoked marijuana inside the facility, it
10	is alleged that the licensee smokes marijuana inside the facility at night causing the entire facility to
11	become odorous. LPA conducted the tour of the physical plant. The second floor is occupied by the
12	licensee and staff. LPA inspected all drawers and there were no evidence of marijuana. Based on the
13	interviews, three out of three residents and two of two staff denied observing licensee smoking or
	smelling marijuana at night.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lourdes Montoya	
LICENSING EVALUATOR NAME: Jessica Cho	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/07/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/07/2026

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 5

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ADDRESS: 6462 E. CALLE DEL NORTE	TELEPHONE: (714) 281-4030
CITY: ANAHEIM HILLS	ZIP CODE: 92807
CAPACITY: 6	DATE: 05/07/2026
MET WITH: Eduardo Capistrano- Licensee	TIME BEGAN: 08:17 AM
	TIME COMPLETED: 04:10 PM

ALLEGATION(S):

1	Staff is sleeping on the couch in the living room.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jessica Cho arrived unannounced for the purpose of initiating the
2	complaint investigation into the above allegations. LPA met with Licensee Eduardo Capistrano and
3	explained the reason for the visit. During the course of the investigation, LPA toured the physical plant
4	and successfully interviewed three of four residents and two staff. LPA was unable to obtain a statement
5	and qualify one resident due to their medical condition. LPA also obtained the following records for
6	review: Face Sheets, Physcian's Reports, Personal Rights, Personnel Report Summary and training
7	records for Staff #1 (S1).
8	
9	The investigation is as follows: Regarding the allegation, Staff is sleeping on the couch in the living room,
10	it is alleged that S1 has been sleeping on the facility couch for nine years. During the inspection, LPA did
11	not observe any personal belongings of S1 in the living area. LPA observed an additional bedroom for S1
12	on the second floor. Based on the interviews, one of three residents confirmed S1 sleeping on the living
13	room couch while two of two staff denied the allegation.

Substantiated	Estimated Days of Completion:
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: HILLCREST RESIDENTIAL CARE #2

FACILITY NUMBER: 306002060

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/07/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/15/2026 Section Cited CCR 87307(a)	1 87307 Personal Accomodations and 2 Services (a) Living accommodations 3 and grounds shall be related to the 4 facility's function. The facility shall be 5 large enough to provide comfortable 6 living accommodations and privacy for 7 the residents, staff, and others who may reside in the facility. This requirement was not met as evidenced by:	1 Administrator stated that S1 will no 2 longer be sleeping on the facility couch 3 effective 5/15/25 after Admin forwards 4 proof of purchase of the call buttons 5 which will be installed in each residents' 6 rooms. Admin will also submit an 7 acknowledgement of understanding to LPA via email by POC due date.
	8 Based on the review of the surveillance 9 footage via the Ring app, S1 was 10 observed sleeping on the facility couch 11 in the living room on 5/7/26 at 1:55am 12 and 10:31pm on 5/6/26. 13 14	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.

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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/07/2026

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: HILLCREST RESIDENTIAL CARE #2

FACILITY NUMBER: 306002060

VISIT DATE: 05/07/2026

NARRATIVE

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Based on the review of the surveillance footage via the Ring app, LPA observed S1 lying down to sleep on the living room couch on May 7, 2026 at 1:55am and at 10:31pm on May 6, 2026.

Therefore, based on LPA's observations, interviews which were conducted, and the records that were reviewed, the preponderance of evidence standard has been met, therefore the following allegation: Staff is sleeping on the couch in the living room are deemed substantiated.

An exit interview was conducted with Licensee Eduardo Capistrano, and a copy of this report was provided via email at the end of the visit.

SUPERVISORS NAME: Lourdes Montoya

LICENSING EVALUATOR NAME: Jessica Cho

LICENSING EVALUATOR SIGNATURE:

DATE: 05/07/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/07/2026

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: HILLCREST RESIDENTIAL CARE #2

FACILITY NUMBER: 306002060

VISIT DATE: 05/07/2026

NARRATIVE

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Regarding the allegation, Food service does not meet the needs of the residents, it is alleged that the residents are fed the same thing every day for breakfast, oatmeal with banana, and are left to make their own meals for lunch and dinner. Based on one meal service at 11am, LPA observed residents were served steak, mash potato with gravy, steamed broccoli, and a side of peaches. Based on the interviews, two of three residents indicated not having concerns with food. Although both residents indicated that there not being a variety of meals, they were satisfied with all meals and found it to be sufficient in meal choices, serving size, quality, and nutrition. Both residents indicated that meals were prepped by the staff. One remaining resident could not recall details. Two of two staff did not corroborate the allegation indicating that meals are prepared by staff and breakfast is alternated between oatmeal, sandwich, or eggs with a side of fruit, water, and juice.

Regarding the allegation, Staff are unable to meet the needs of the residents due to language barrier, it is alleged that S1 does not speak English interfering with the care which they are not able to provide to the residents. Based on LPA's observation, residents were observed relaxing. Based on the interviews, three of three residents and two of two staff denied the allegation. The three residents expressed satisfaction with their care. Although, S1 acknowledged not being proficient in English, S1 indicated that

18 they are able to communicate daily tasks and needs of residents via simple, plain English and through
19 gestures.
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21 Regarding the allegation, Staff yelled at resident, it is alleged that S1 yelled at a former resident. Based
22 on the review of the face sheets, only one of the three residents resided at the facility at the time. Three
23 of three residents denied S1 or any other staff yelling at them or other residents. Two of two staff did not
24 corroborate with the allegation.
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26 Therefore, based on the observations made, interviews which were conducted, and the records that
27 were reviewed, although the allegations may have happened or are valid, there is not a preponderance
28 of evidence to prove the alleged violations did or did not occur, therefore the following allegations:
29 Licensee smoked marijuana inside the facility, Food service does not meet the needs of the residents,
30 Staff are unable to meet the needs of the residents due to language barrier, and Staff yelled at resident
31 are deemed UNSUBSTANTIATED.
32
An exit interview was conducted with Licensee Eduardo Capistrano, and a copy of this report was
provided via email at the end of the visit.

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