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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306002255
Report Date: 06/03/2026
Date Signed: 06/03/2026 03:28:01 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES** **COMMUNITY CARE LICENSING DIVISION** **ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100** **ORANGE, CA** 92868

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/01/2026** and conducted by Evaluator Hanna Gough

	COMPLAINT CONTROL NUMBER: 22-AS-20260601160629

FACILITY NAME:	COVINGTON, THE			**FACILITY NUMBER:**	306002255
ADMINISTRATOR:	DONALD CASH BENTON			**FACILITY TYPE:**	741
ADDRESS:	3 PURSUIT			**TELEPHONE:**	(949) 389-8500
CITY:	ALISO VIEJO	**STATE:** CA		**ZIP CODE:**	92656
CAPACITY:	343	**CENSUS:** 220		**DATE:**	06/03/2026
		UNANNOUNCED		**TIME BEGAN:**	08:50 AM
MET WITH:	Cash Benton			**TIME COMPLETED:**	03:50 PM

ALLEGATION(S):

1	Facility staff failed to assist resident with bathing and personal hygiene.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Hanna Gough made an unannounced visit to the facility to conduct an
2	investigation into the above mentioned complaint allegations. LPA was greeted and granted entry by
3	staff. LPA met with Administrator (AD) Cash Benton and discussed the purpose of the visit.
4	
5	The facility allegation regarding Facility staff failed to assist resident with bathing and personal hygiene
6	revealed the following: LPA reviewed an Admission Agreement for Resident #1 (R1) signed and dated by
7	R1 and facility staff on March 21, 2025, with an effective date of March 25, 2025, stating that R1 was
8	independent with a score of 0 for level of care. LPA reviewed a physicians report for R1 dated April 2,
9	2026, stating that R1 has a cognitive condition of Mild Cognitive Impairment (MCI), does not have motor
10	impairment and can bath themselves, but needs reminders and does not have bladder or bowel
11	incontinence. This medical assessment was signed and dated by a medical professional on April 2, 2026.
12	LPA reviewed a note in R1s file from a different medical professional stating that R1 was diagnosed with
13	Dementia on June 4, 2025. Continue on LIC9099C

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Kevin Saborit-Guasch
LICENSING EVALUATOR NAME: Hanna Gough
LICENSING EVALUATOR SIGNATURE:
DATE: 06/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/03/2026

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

Control Number 22-AS-20260601160629

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: COVINGTON, THE **FACILITY NUMBER:** 306002255
VISIT DATE: 06/03/2026

NARRATIVE

LPA reviewed a service plan for R1 dated December 18, 2025, that states that R1 is able to complete personal grooming daily, R1 is able to bathe and shower without assistance with cueing and set up assistance as needed

Interviews with R1 revealed that they are alert and oriented to time and place. R1 informed LPA that they are independent and can shower on their own and will continue to shower independently for as long as they can. R1 informed LPA that the staff will offer assistance, but R1 refuses. R1 informed LPA that they try to shower 3 times a week but does not always stick to that routine. R1 informed LPA that they are able to use the restroom by themselves and the only help they rely from facility staff is medication management.

Interviews with 5 of 7 residents not including R1 informed LPA that if they ask for assistance with anything, the staff will help. 4 of 7 residents informed LPA that staff will specifically assist with showers when they ask for it. 4 of 7 residents informed LPA that the staff come in a timely manner and assist whenever it is needed. 2 of 7 residents did not confirm or deny the allegations.

Interviews with 6 of 6 staff revealed that R1 is independent and can shower on their own. 5 of 6 staff informed LPA that they address the concern of body odor with R1 and offer assistance that is refused. 5 of 6 staff informed LPA that there is evidence of R1 taking a shower due to the body odor going away and R1s shower being used at least once a week. 6 of 6 staff informed LPA that they do not force R1 to take a shower due to their personal rights. 1 of 6 staff informed LPA that 18 residents are in the assisted living building of the facility along with 9 residents in memory care with the rest of the residents completely independent or having a private caregiver.

Interviews with Witness #1 (W1) revealed that they are concerned that the facility is not assisting with R1s hygiene needs and stated that R1 has not showered for almost a year. W1 informed LPA that they have not been at the facility to visit R1 since December of 2025.

LPA reviewed staff files and observed 6 of 6 staff have updated training's on the topics of residents rights and assisting with activities of daily living.

Based on information gathered and interviews conducted, the Department is unable to ascertain if the above allegations occurred as reported. Although the allegations may have happened or is valid, there is not a preponderance of evidence to prove or refute the alleged violation occurred; therefore, the allegation is deemed UNSUBSTANTIATED. An exit interview was conducted and a copy of this report was left at the facility.

SUPERVISORS NAME: Kevin Saborit-Guasch
LICENSING EVALUATOR NAME: Hanna Gough
LICENSING EVALUATOR SIGNATURE:
DATE: 06/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/03/2026