

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306002915

Report Date: 01/23/2026

Date Signed: 01/23/2026 03:55:25 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 **03/02/2022** and conducted by Evaluator Kevin Saborit-Guasch

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20220302161558
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FACILITY NAME: BROOKDALE ANAHEIM	FACILITY NUMBER: 306002915
ADMINISTRATOR: TROY BYINGTON	FACILITY TYPE: 740
ADDRESS: 200 N DALE ST	TELEPHONE: (714) 761-5771
CITY: ANAHEIM	ZIP CODE: 92801
CAPACITY: 140	DATE: 01/23/2026
MET WITH: Troy Byington, administrator	UNANNOUNCED TIME BEGAN: 12:30 PM
	TIME COMPLETED: 04:07 PM

ALLEGATION(S):

1	Staff are not providing adequate laundry services.
2	Staff are not assisting resident with cleaning.
3	There is an odor.
4	Staff make inappropriate comments to the resident.
5	Staff do not treat the residents with dignity.
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On this day, Licensing Program Analyst (LPA) Kevin Saborit-Guasch made an unannounced visit to the facility for the purpose of following up on the investigation of the five allegations listed above. LPA was
2	greeted and granted entry by facility staff after introducing himself and stating the purpose of the visit.
3	Executive Director Troy Byington was present on the premises and assisted with the visit after being
4	presented with the allegations under review.
5	
6	
7	The initial complaint investigation visit took place on March 7, 2022. During the visit, licensing staff met
8	with Troy Byinton, Executive Director as well as Mink Medina, Health & Wellness Director at the time.
9	Additionally, LPA obtained resident's Physician's report, Pre-admission appraisal, and Needs and
10	Services Plan and interviewed six residents.
11	
12	CONTINUED ON FORM LIC9099-C
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Kevin Saborit-Guasch
LICENSING EVALUATOR SIGNATURE:

DATE: 01/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/23/2026

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

LIC9099 (FAS) - (06/04)

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Control Number 22-AS-20220302161558

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: BROOKDALE ANAHEIM

FACILITY NUMBER: 306002915

VISIT DATE: 01/23/2026

NARRATIVE

- 1 CONTINUED FROM FORM LIC9099
2 During the present visit, LPA requested and obtained the facility's census and staff schedule and
3 conducted a tour of the physical plant and observed eleven units throughout the facility. Additional staff
4 and resident interviews were conducted.
5
6 Regarding the allegation that *Staff are not providing adequate laundry services*, the following has been
7 concluded: LPA observed laundry day assignments are posted in clear view in each of the units visited.
8 Residents interviewed reported no issues or concerns with the weekly laundry service provided. Linens
9 are cleaned as needed in addition to the weekly scheduled service and were verified to be clean in each
10 of the units visited. Residents observed in their bedrooms or in the facility's common living areas were
11 all observed wearing clean clothing.
12
13 Regarding the allegations that *Staff are not assisting resident with cleaning* and that *There is an odor*,
14 the following has been concluded: A tour of the facility's three levels' common areas, hallways and
15 eleven units failed to evidence any odors that could result from insufficient cleaning. Residents
16 interviewed all confirmed that their units were vacuumed and cleaned once weekly by housekeeping
17 staff on their regularly scheduled day. Staff interviewed confirmed the frequency of cleanings and added
18 that additional soiled areas were typically addressed in a timely manner.
19
20 Regarding the allegations that *Staff make inappropriate comments to the residents* and that *Staff do not*
21 *treat the residents with dignity*, the following has been concluded: None of the interviews conducted with
22 staff and residents evidenced any instance of staff members acting inappropriately or failing to treat the
23 residents with dignity. All residents interviewed stated their appreciation for staff members and lack of
24 concerns in how they are treated at the facility. Multiple residents interviewed have been admitted at the
25 facility for multiple years and expressed overall satisfaction with the care received there.
26
27
28 Based on the evidence gathered, the allegations listed above are found to be Unsubstantiated, meaning
29 that although the allegations may have happened or are valid, there is not a preponderance of evidence
30 to prove that the alleged violations occurred. No deficiencies cited.
31
32 An exit interview was conducted and a copy of this report was provided to a facility representative.

SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Kevin Saborit-Guasch
LICENSING EVALUATOR SIGNATURE:

DATE: 01/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/23/2026

LIC9099 (FAS) - (06/04)

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