

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306002954

Report Date: 01/28/2026

Date Signed: 01/28/2026 05:10:07 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 **09/23/2021** and conducted by Evaluator Edward Kim

	COMPLAINT CONTROL NUMBER: 22-AS-20210923120435
--	---

FACILITY NAME: BROOKDALE IRVINE	FACILITY NUMBER: 306002954
ADMINISTRATOR: CARRIE GALLOWAY	FACILITY TYPE: 740
ADDRESS: 10 MARQUETTE	TELEPHONE: (949) 854-3766
CITY: IRVINE	ZIP CODE: 92612
CAPACITY: 155	DATE: 01/28/2026
MET WITH: Business Office Manager	UNANNOUNCED TIME BEGAN: 10:40 AM
	TIME COMPLETED: 05:10 PM

ALLEGATION(S):

1	Facility staff lost resident's medication.
2	Facility does not have enough staff to meet resident's needs.
3	Facility Staff did not shower resident
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On January 28, 2026, at 10:40 AM, Licensing Program Analyst (LPA) Edward Kim conducted a subsequent complaint visit to deliver complaint investigation findings. LPA met with Executive Director
2	(ED) Shannon Howell and explained the purpose of the visit. ED Howell could not stay for the visit and
3	stated Business Office Manager Sharin Belanger could sign on behalf of the facility.
4	
5	
6	The investigation consisted of the following. LPA Kim toured the facility. LPA requested and obtained
7	copies of the resident roster and staff roster. LPA requested a copy of one (1) resident service records
8	which include Physician's Report, Appraisal/Needs and Services Plan, admission agreement, facility shift
9	notes, and other document records. LPA conducted interviews with five staff and five residents.
10	
11	The investigation revealed the following:
12	
13	Continued on LIC9099C

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Edward Kim
LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2026

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-20210923120435

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 IRVINE

FACILITY NUMBER: 306002954

VISIT DATE: 01/28/2026

NARRATIVE

- 1 Allegation: Facility staff lost resident's medication.
2 It is alleged that the facility lost Resident #1's (R1) medication upon R1's arrival on August 27, 2021.
3 Due to the staff losing R1's medication, R1 did not receive any medication until August 30, 2021.
4
5 Based on record review, the facility's Order Summary Report dated August 30, 2021, stated the
6 admission for R1 was on August 29, 2021. Admission Agreement was dated on August 18, 2021, but a
7 move-in date was not listed on the Admission Agreement. R1's ID and Emergency information stated the
8 admission date was on August 18, 2021. There are no shift reports for R1 in August to indicate any lost
9 medication. There is nothing in the Shift reports from September that indicate facility lost resident's
10 medication.
11
12 Based on interviews conducted, four out of five staff and five out of five residents denied the allegation.
13 One out of five staff could not confirm or deny the allegation. S1 stated that upon arrival to the facility,
14 R1 did not bring R1's medication with them to the facility. It was not the facility who lost the medication.
15 S2, S3, and S4, stated they have not heard of a situation where facility has lost a resident's medication.
16 All residents stated that they have never heard a situation where the facility lost a resident's medication.
17
18 Based on the information gathered, there is no sufficient evidence gathered to confirm the above
19 allegation. It is determined that four out of five staff and five out of five residents denied the allegation.
20 There are no records to indicate such an event occurred.
21
22 Allegation: Facility does not have enough staff to meet resident's needs.
23 It is alleged that R1 has serious medical conditions and there is not enough staff to meet the medical's
24 needs.
25
26 Based on interviews conducted, four out of five staff and five out of five residents denied the allegation.
27 One out of five staff could not confirm or deny the allegation. S2 and S3 stated the facility has met the
28 needs of all residents. S2 and S3 stated the staffing ratio for the morning shift from 6:00 AM to 2:00PM
29 is for five caregivers and two medication technicians. Staffing ratio for afternoon shift from 2:00 PM to
30 10:00PM is for five caregivers and two medication technicians. The Nocturnal shift is from 10:00 PM
31 6:00 AM which has four caregivers and one medication technicians. All residents stated that the staff
32 met all of their resident's needs.
Continued on LIC9099C

SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Edward Kim
LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 4

Control Number 22-AS-20210923120435

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMPLAINT INVESTIGATION REPORT (Cont)

COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY NAME: BROOKDALE IRVINE

FACILITY NUMBER: 306002954

VISIT DATE: 01/28/2026

NARRATIVE

1 Based on record review, the assignment sheet dated from January 26, 2026, to January 31, 2026,
2 stated there are four to five caregivers and two medication technicians working from 6:00 AM to 2:00 PM
3 per day, four to five caregivers and two medication technicians working from 2:00PM to 10:00 PM, and
4 two to three caregivers and one to two medication technicians working from 10:00 PM to 6:00AM.
5
6 Based on the information gathered, there is no sufficient evidence gathered to confirm the above
7 allegation. It is determined that four out of five staff and five out of five residents denied the allegation.
8 There are no records to indicate the facility does not have enough staff to meet the resident's needs.
9
10 Allegation: Facility Staff did not shower resident
11 It is alleged that R1 did not receive a shower. The facility charged R1 \$1035 for showers services two
12 times per a week.
13
14 Based on record review, a notice dated September 20, 2021, stated the facility did not provide shower
15 services because R1 refused. R1's spouse denied this ever occurred. It also stated in the notice that R1
16 could not shower because the wheelchair was too big to enter into the shower room for R1 to receive a
17 shower. Shift Report dated September 18, 2021, stated that a resident from Room 342 received a
18 sponge bath. There is no shower log or any progress notes from 2021 available at the time of the visit.
19
20 Based on interviews conducted, four out of five staff and five out of five residents denied the allegation.
21 One out of four staff could not confirm or deny the allegation. S1 stated that facility provided a sponge
22 bath because R1 could not bear weight on their legs. When staff would try to assist with showers for R1,
23 the spouse would interfere and kick the staff out of the room. All residents stated they do not recall a
24 time hearing a resident ever being denied or not provided showers. S2, S3, and S4 stated that if
25 residents needed to receive a shower, they would be provided with a shower. S2, S3, and S4 do not
26 recall a time where a resident's wheelchair would be too big for the resident to take a shower.
27
28
29 Continued on LIC9099C
30
31
32

SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Edward Kim
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 01/28/2026

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: BROOKDALE IRVINE

FACILITY NUMBER: 306002954

VISIT DATE: 01/28/2026

NARRATIVE

1 Based on the information gathered, there is no sufficient evidence gathered to confirm the above
2 allegation. It is determined that four out of five staff and five out of five residents denied the allegation.
3 There are no records to indicate that Facility Staff did not shower resident.
4
5 Based on observations, interviews, and records review, LPA did not find sufficient evidence to support
6 the above allegations that Facility staff lost resident's medication, Facility does not have enough staff to
7 meet resident's needs, and Facility Staff did not shower resident. Although the allegations may have
8 happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or
9 did not occur, therefore the allegations are Unsubstantiated.
10

11 Exit interview was conducted and a copy of the report was provided to Business Office Manager Sharin
12 Belanger
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Edward Kim
LICENSING EVALUATOR SIGNATURE: **DATE:** 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 01/28/2026