

# Department of SOCIAL SERVICES

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

Facility Number: 306002962

Report Date: 03/24/2026

Date Signed: 03/24/2026 03:56:32 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/09/2022** and conducted by Evaluator Michael Tea

	<b>COMPLAINT CONTROL NUMBER: 22-AS-20220809153159</b>
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<b>FACILITY NAME:</b> BROOKDALE BROOKHURST	<b>FACILITY NUMBER:</b> 306002962
<b>ADMINISTRATOR:</b> KIMIA ATAEIAN	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 15302 BROOKHURST ST	<b>TELEPHONE:</b> (714) 775-6775
<b>CITY:</b> WESTMINSTER	<b>ZIP CODE:</b> 92683
<b>CAPACITY:</b> 164	<b>DATE:</b> 03/24/2026
<b>MET WITH:</b> John Goodwin, Danielle Chairez	<b>UNANNOUNCED TIME BEGAN:</b> 08:00 AM
	<b>TIME COMPLETED:</b> 04:10 PM

#### ALLEGATION(S):

1	- A resident sustained multiple falls and sustained serious injuries
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#### INVESTIGATION FINDINGS:

1	On this day, Licensing Program Analyst (LPA) Michael Tea conducted an unannounced visit to the facility
2	to conclude the complaint investigation and deliver the findings. LPA Tea was greeted by staff, allowed
3	entry, and explained the purpose of the visit. Executive Director (ED) John Goodwin arrived shortly after
4	to assist.
5	
6	The Department received a complaint on August 9, 2022. The complaint was reassigned to LPA Tea. LPA
7	Tea spoke to facility staff and other witnesses and reviewed and collected pertinent documents and
8	information.
9	
10	Resident 1 (R1) was initially assessed as largely independent and was not identified as a fall risk by the
11	facility and physician reports despite having a history of falls. The physician report dated March 4, 2022,
12	noted R1 was independent with activities of daily living, able to bathe, toilet, and self-administer
13	(Complaint investigation continued on LIC9099C)

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Alisa Ortiz  
**LICENSING EVALUATOR NAME:** Michael Tea  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/24/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/24/2026

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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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 BROOKHURST

**FACILITY NUMBER:** 306002962

**VISIT DATE:** 03/24/2026

### NARRATIVE

1 medication. Although R1 had complex medical conditions, including liver cirrhosis, anemia, interstitial  
2 lung disease, and later hepatic encephalopathy, there was no physician designation indicating R1 was a  
3 fall risk.  
4 Facility records such as staff progress notes show that R1 experienced a significant and progressive  
5 decline in medical condition, including confusion, disorientation, weakness, and repeated  
6 hospitalizations. Documentation reflects that R1's condition worsened following hospital discharges,  
7 particularly after episodes related to elevated ammonia levels and liver disease complications.  
8  
9 The facility appropriately updated R1's Personal Service Plan (PSP) multiple times (05/13/22, 05/18/22,  
10 and 05/23/22) in response to their changing condition. These updates included added assistance with  
11 medication management, dressing, grooming, and toileting. Although escort mobility assistance was  
12 briefly implemented and later removed, documentation supports that services were adjusted based on  
13 observed needs and condition changes.  
14  
15 Incident reports indicate that R1 experienced multiple falls, many of which were unwitnessed or  
16 occurred while attempting to act independently, such as trying to get into bed or ambulate without  
17 assistance. Injuries documented were generally minor with skin tears and bruising, and staff responded  
18 appropriately by providing first aid and seeking medical evaluation when necessary.  
19  
20 Medical records from Orange Coast Memorial indicate that at the time of hospitalization, R1 was alert,  
21 oriented, well-developed, and non-toxic appearing, with no signs of neglect. After the fall, a brain bleed  
22 was suspected, but R1's decline was mainly caused by pneumonia, respiratory failure, and septic shock,  
23 which led to their death. The medical records review does not indicate or specify correlation between  
24 R1's falls and her overall medical deterioration or death. Instead, documentation supports that their  
25 decline was primarily due to underlying chronic and acute medical conditions. In the medical records, it  
26 was also noted that R1's family expressed satisfaction with the facility's care and denied any concerns  
27 regarding staff.  
28  
29 LPA conducted interviews with current facility staff who worked when R1 was present at the facility. All  
30 staff interviewed consistently reported that R1 experienced a noticeable decline in condition, including  
31 increased confusion, weakness, and frequent hospitalizations. Staff indicated that R1 preferred to  
32 maintain independence and often attempted tasks without assistance, which contributed to their falls.  
Staff also stated that R1 did not like to ask for help. All interviewed staff reported that they provided  
appropriate care and  
(Complaint investigation continued on LIC9099C)

**SUPERVISORS NAME:** Alisa Ortiz  
**LICENSING EVALUATOR NAME:** Michael Tea  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/24/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/24/2026

LIC9099 (FAS) - (06/04)

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**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** BROOKDALE BROOKHURST**FACILITY NUMBER:** 306002962**VISIT DATE:** 03/24/2026**NARRATIVE**

1 supervision, monitored R1's condition, and responded to incidents as they occurred. Staff further  
 2 indicated that R1's sister expressed appreciation for the care provided and felt reassured by staff  
 3 support.  
 4  
 5 Although R1 experienced multiple falls while residing at the facility, the evidence supports that these  
 6 incidents were largely associated with R1's declining medical condition and attempts to remain  
 7 independent, rather than neglect or lack of care by facility staff. The facility responded appropriately by  
 8 updating care plans, monitoring R1's condition, and ensuring medical attention when needed.  
 9  
 10 Therefore, based on the records reviewed and interviews conducted, there is insufficient evidence to  
 11 conclude that the facility's actions directly caused or contributed to serious injuries resulting from the  
 12 falls. The allegation mentioned above has been determined to be UNSUBSTANTIATED, meaning that  
 13 although the allegation may have happened or is valid, there is not a preponderance of the evidence to  
 14 prove that the alleged violation occurred.  
 15  
 16 No deficiencies cited at this time and an exit interview was conducted with the facility. A copy of the  
 17 report and confidential names list were provided to the facility.  
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**SUPERVISORS NAME:** Alisa Ortiz**LICENSING EVALUATOR NAME:** Michael Tea**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/24/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and  
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/24/2026