

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306003448
Report Date: 02/25/2026
Date Signed: 02/25/2026 02:45:09 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **02/17/2026** and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20260217201628
--	---

FACILITY NAME: FULLERTON ROSEWOOD ASSISTED LIVING	FACILITY NUMBER: 306003448
ADMINISTRATOR: JANE KIM	FACILITY TYPE: 740
ADDRESS: 411 E. COMMONWEALTH AVENUE	TELEPHONE: (714) 441-0644
CITY: FULLERTON	ZIP CODE: 92832
CAPACITY: 99	DATE: 02/25/2026
MET WITH: Jane Kim	UNANNOUNCED TIME BEGAN: 10:29 AM
	TIME COMPLETED: 03:05 PM

ALLEGATION(S):

1	Staff did not address an ongoing conflict between residents
2	Staff did not treat resident with dignity or respect
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to initiate an investigation into the above allegations. LPA was greeted and granted entry into the facility and
2	explained the reason for the visit.
3	
4	During the course of the investigation, LPA toured the facility and interviewed staff and residents as well
5	as reviewed and obtained pertinent documentation such as eviction notice. Regarding the allegations
6	that staff did not address an ongoing conflict between residents and staff did not treat resident with
7	dignity or respect, the investigation revealed the following: Incident dated 01/27/2026 reported to
8	licensing indicated that Resident 1 (R1) threatened R2 verbally and raised the resident's walker at R2.
9	911 was called by R2's family member as R1 was escalating. There were no injuries between the two
10	residents and police talked to both parties involved. Administrator indicates a long history of issues
11	between the two residents instigated by R1. R1 denies threatening R2 with a walker or yelling at the
12	resident. R2 confirms the incident occurred. R1 was provided an eviction notice on 07/17/2025 for similar
13	instances with other residents. R1 has yet to move out and CONTINUED ON LIC 9099C DATED 02/25/2026

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

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Kimberly Lyman
LICENSING EVALUATOR SIGNATURE:

DATE: 02/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/25/2026

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 2

Control Number 22-AS-20260217201628

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FULLERTON ROSEWOOD ASSISTED LIVING

FACILITY NUMBER: 306003448

VISIT DATE: 02/25/2026

NARRATIVE

1 Administrator will be moving towards an unlawful retainer. Facility notes dated 01/28/2026 show R2 is
2 being provided escorting due to harassment concerns by R1. R1 states she is treated with respect in the
3 facility but wants to be listened to regarding ongoing issues with R2. Administrator indicates having
4 continuing conversations with R1 regarding harassment of other residents. Based on interviews
5 conducted and records reviewed, the department is unable to corroborate the allegations. Therefore, the
6 allegations are deemed unsubstantiated, meaning that although the allegations may have happened or
7 are valid, there is not a preponderance of the evidence to prove that the alleged violations occurred. An
8 exit interview was conducted and a copy of this report was provided to facility.
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Kimberly Lyman
LICENSING EVALUATOR SIGNATURE:

DATE: 02/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/25/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 2