

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306003651
Report Date: 04/23/2026
Date Signed: 04/23/2026 12:10:31 PM

Unfounded

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 **08/15/2023** and conducted by Evaluator RoseMarie Ruppert

	COMPLAINT CONTROL NUMBER: 22-AS-20230815154644
--	--

FACILITY NAME: COMFORT COTTAGES #1	FACILITY NUMBER: 306003651
ADMINISTRATOR: FAROOQ RASHID	FACILITY TYPE: 740
ADDRESS: 25231 MACKENZIE	TELEPHONE: (949) 584-7083
CITY: LAGUNA HILLS	ZIP CODE: 92653
CAPACITY: 6	DATE: 04/23/2026
	UNANNOUNCED TIME BEGAN: 08:25 AM
MET WITH: Rashid Farooq, Administrator (AD)	TIME COMPLETED: 12:25 PM

ALLEGATION(S):

1	Resident is left in bed for an extended period of time.
2	Staff is not meeting resident's dietary needs.
3	Staff do not treat resident with dignity or respect.
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rose Ruppert made an unannounced visit to investigate a complaint
2	received in the Regional Office. LPA was greeted and granted entry by Staff #1 at 8:25am. LPA met with
3	Administrator (AD) Farooq Rashid and explained the purpose of the visit.
4	
5	LPA obtained the following files for Resident #1 (R1): Identification and Emergency Information,
6	Physician Reports dated 1/18/2023 and 2/15/2022, Apprasial Needs and Services Plans dated 1/20/2023
7	and 2/14/2022, Resident Appraisal, RCFE Levels of Care Assessment Tool dated 2/14/2022, Hospice
8	Proposed Services and Frequency, and Hsopice Flow Sheet from 7/24/2023-9/12/2023. Additional
9	documents obtained include Durable Power of Attorney and Advance Health Care Directive paperwork
10	and Superior Court of California Elder Abuse Restratiing Order dated 6/29/2023.
11	
12	Resident #1 (R1) moved into the facility on 2/14/2022. The signed Physician's Report and Appraisal
13	Needs and Services Plan stated R1 had a primary diagnosis of Dementia with Lewy Bodies. R1 was on a
	(Continued on LIC 9099-C)

Unfounded	Estimated Days of Completion:
-----------	-------------------------------

SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: RoseMarie Ruppert	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/23/2026

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 3
Control Number 22-AS-20230815154644

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: COMFORT COTTAGES #1	FACILITY NUMBER: 306003651
	VISIT DATE: 04/23/2026

NARRATIVE	
1	(Continued from LIC 9099)
2	
3	diet of puree thickened liquids and was Bedridden. The Resident Appraisal dated on 2/14/2022 noted
4	Resident #1 (R1) arrived with a G-tube and received hospice services. The hospice nurse came one to
5	three times per week, and the home health aide visited twice per week. Resident passed away on
6	2/12/2025 but was interviewed by the Department on 8/22/2023.
7	
8	It was alleged that Resident is left in bed for an extended period of time. LPA reviewed Physician's
9	Reports from 2/15/2022 and 1/18/2023 which reported R1 was bedridden. Interviews with three of three
10	staff stated that R1 was only able to be out of the bed and in a wheelchair for approximately fifteen
11	minutes. Interviews with two of two witnesses stated R1 did not want to be out of bed and was
12	comfortable. Both witnesses stated that the resident resided in the facility for three years and never had
13	bedsores the entire three years. Staff constantly repositioned resident every two to three hours. Three of
14	three staff and two of two witnesses denied the allegation. LPA interviewed three of three residents and
15	all denied the allegation that they were left in bed for an extended period of time. One resident stated
16	they cannot move about freely but staying in bed was a choice and that staff encourage the resident to
17	get outdoors.
18	
19	LPA investigated the allegation that Staff is not meeting resident's dietary needs. Per Resident Appraisal
20	dated on 2/14/2022, R1 had a G-tube, which was managed by hospice. Family and Power of Attorney
21	(POA) visited often and would also assist with feeding R1. Per Physican's Report dated 2/14/2022; R1
22	was on a special diet of thickened, pureed foods due to a secondary diagnosis of Dysphagia. Interviews
23	of three of three staff and two of two witnesses denied the allegation that Staff is not meeting resident's
24	dietary needs and stated resident readily ate. Three of three residents were asked about food and
25	dietary needs being met and three of three residents stated there is plenty of food and their dietary
26	needs were being met.
27	
28	Lastly, it alleged that Staff do not treat resident with dignity or respect. Three of three staff and two of
29	two witnesses reported that there were multiple visits by the Orange County Sheriff and paramedics.
30	During one such visit, the Power of Attorney (POA) was present and asked who had called for
31	emergency services since the POA did not request these services. Staff stated that if resident was
32	asleep and did not answer the phone, that paramedics came and were told resident was unconscious;
	when in fact resident was asleep and was being visited by POA. R1 had a hard time holding the phone
	to FaceTime others and had difficulty
	(Continued on LIC 9099C-1)

SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: RoseMarie Ruppert	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/23/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** COMFORT COTTAGES #1**FACILITY NUMBER:** 306003651**VISIT DATE:** 04/23/2026**NARRATIVE**

1 (Continued from LIC 9099-C)
2

3 speaking for long periods of time. The Orange County Superior Court provided phone monitoring
4 services for R1; to ensure R1 had privacy with phone calls; without staff assistance. LPA interviewed
5 three of three residents and asked if they were afforded dignity and respect in their interactions with staff
6 and one another. Three of three residents confirmed that they had the right to do what they wished,
7 visitors could come and go and that staff did not invade their privacy.
8

9 Based on LPA's record review, interviews and observations the allegations that: Resident is left in bed
10 for an extended period of time, Staff is not meeting resident's dietary needs and Staff do not treat
11 resident with dignity or respect are Unfounded. The allegations are false, could not have happened,
12 and/or is without a reasonable basis. An exit interview was conducted with Administrator Farooq Rashid
13 and a copy of this report and LIC 811 was provided at time of visit.
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:** RoseMarie Ruppert**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/23/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/23/2026