

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306004718

Report Date: 01/06/2026

Date Signed: 01/06/2026 04:40:38 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 **03/04/2025** and conducted by Evaluator Andrea Mendivil

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20250304134712
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FACILITY NAME: GROVES OF TUSTIN, THE	FACILITY NUMBER: 306004718
ADMINISTRATOR: MCBRIDE, FERLINA	FACILITY TYPE: 740
ADDRESS: 1262 BRYAN AVE	TELEPHONE: (714) 730-5009
CITY: TUSTIN	STATE: CA ZIP CODE: 92780
CAPACITY: 100	CENSUS: 67 DATE: 01/06/2026
MET WITH: Susan Ruiz Hidalgo- Executive Director	UNANNOUNCED TIME BEGAN: 11:00 AM
	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Staff allowed resident to be left in soiled clothing for extended periods of time
2	Staff did not provide resident with bathing assistance
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INVESTIGATION FINDINGS:

1	On this day, Licensing Program Analyst (LPA) Andrea Mendivil made an unannounced visit to deliver complaint findings. LPA was greeted and granted entry and explained the reason for the visit.
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3	
4	The Department received a complaint on 03/04/2025 and LPA Cho conducted the initial 10 day visit on 03/14/2025. LPA Cho obtained copies of pertinent documents such as physicians report, care plan and care notes. LPA Mendivil conducted a follow up visit on 01/06/2026 and conducted follow up interviews.
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6	Regarding the allegations staff allowed resident to be left in soiled clothing for extended periods of time and staff did not provide residents with bathing assistance, the investigation revealed the following:
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10	Resident 1 (R1) was admitted to the facility on 01/17/2025, per physician's report R1 was diagnosed with dementia and it was also noted R1 had bladder impairment stating "uses liner and gets assisted to bathroom for hygiene(proper cleaning)". Per review of R1's care plan it was stated R1 was a moderate assist and listed as assistance with morning, afternoon, and evening toileting.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Andrea Mendivil
LICENSING EVALUATOR SIGNATURE:

DATE: 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/06/2026

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-20250304134712

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: GROVES OF TUSTIN, THE

FACILITY NUMBER: 306004718

VISIT DATE: 01/06/2026

NARRATIVE

1 Per interviews with 5 out of 5 staff deny R1 was left in soiled diaper for an extended period of time.
2 Based on interviews with staff stated they cue residents before and after breakfast, lunch and dinner
3 and if resident's display signs of needing to use the restroom. Based on interviews with 7 out of 7
4 residents stated all of their needs are being met.
5
6 Per interviews with 3 out of 5 staff that provide bathing assistance stated that R1 received 2 showers per
7 week as stated in their care plan. Per review of end of shifts notes R1 showers were scheduled on
8 Tuesday and Fridays and per review were given.
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10 Therefore based on the preponderance of evidence through records reviewed and interviews the
11 allegations that Staff allowed resident to be left in soiled clothing for extended periods of time and Staff
12 did not provide resident with bathing assistance is determined to be UNSUBSTANTIATED, meaning that
13 although the allegation may have happened or are valid, there is not a preponderance of evidence to
14 prove that the alleged violation occurred.
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16 No deficiencies cited.
17 An exit interview was conducted and a copy of this report was provided.
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SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Andrea Mendivil
LICENSING EVALUATOR SIGNATURE:

DATE: 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/06/2026

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
CCLD Regional Office, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

COMPLAINT INVESTIGATION REPORT

COMPLAINT CONTROL NUMBER: 22-AS-20250304134712

FACILITY NAME: GROVES OF TUSTIN, THE	FACILITY NUMBER: 306004718
ADMINISTRATOR: MCBRIDE, FERLINA	FACILITY TYPE: 740
ADDRESS: 1262 BRYAN AVE	TELEPHONE: (714) 730-5009
CITY: TUSTIN	STATE: CA ZIP CODE: 92780
CAPACITY: 100	DATE: 01/06/2026
MET WITH: Susan Ruiz Hidalgo- Executive Director	UNANNOUNCED TIME BEGAN: 11:00 AM
	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

- | | |
|---|---|
| 1 | Staff does not ensure a variety of planned activities are offered to residents in care |
| 2 | Staff did not ensure resident was seen for changes in health condition in a timely manner |
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INVESTIGATION FINDINGS:

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| 1 | On this day, Licensing Program Analyst (LPA) Andrea Mendivil made an unannounced visit to deliver |
| 2 | complaint findings. LPA was greeted and granted entry and explained the reason for the visit. |
| 3 | |
| 4 | The Department received a complaint on 03/04/2025 and LPA Cho conducted the initial 10 day visit on |
| 5 | 03/14/2025. LPA Cho obtained copies of pertinent documents such as physicians report, care plan and |
| 6 | care notes. LPA Mendivil conducted a follow up visit on 01/06/2026 and conducted follow up interviews. |
| 7 | Regarding the allegations Staff does not ensure a variety of planned activities are offered to residents in |
| 8 | care |
| 9 | and Staff did not ensure resident was seen for changes in health condition in a timely manner, the |
| 10 | investigation revealed the following: |
| 11 | |
| 12 | It was alleged that staff does not ensure a variety of planned activities are offered to a resident in care, |
| 13 | per interviews with 5 out of 5 staff stated they witnessed Resident 1 (R1) participating in activities and |
| | have a video of R1 participating in a music/dancing activity. |

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Andrea Mendivil
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/06/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.
FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 01/06/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 3 of 4
Control Number 22-AS-20250304134712

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: GROVES OF TUSTIN, THE **FACILITY NUMBER:** 306004718
VISIT DATE: 01/06/2026

NARRATIVE

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|---|--|
| 1 | Based on observations made on visits on 1/30/2025, 02/10/2025, 02/28/2025, 3/27/2025, 6/27/2025, |
| 2 | 8/13/2025, 10/09/2025, 11/19/2025 and 12/30/2025 LPA Mendivil observed residents in both Assisted |
| 3 | Living and Memory Care participating in various activities including bingo, music and an outing to the |
| 4 | pumpkin patch. |
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It was alleged that staff did not ensure R1 was seen for changes in a timely manner. Per review of care notes and end of shift notes dated 01/30/2025 the first documented issue was a rash listed for R1. Based on file review a Nurse Practitioner provided a prescription for a medicated powder on 02/01/2025. Per interviews with Memory Care Director Alma Gomez the family was notified of the rash when it was discovered.

Therefore based on the preponderance of evidence through records reviewed and observations the allegations that Staff does not ensure a variety of planned activities are offered to residents in care and Staff did not ensure resident was seen for changes in health condition in a timely manner are determined to be UNFOUNDED, meaning that the allegation was false, could not have happened and/or is without a reasonable basis.

Exit Interview conducted and a copy of this report was provided.

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Andrea Mendivil
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 01/06/2026