

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306004749

Report Date: 01/22/2026

Date Signed: 01/22/2026 12:48:02 PM

Unfounded

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 **04/16/2021** and conducted by Evaluator Sean Haddad

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20210416163318
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FACILITY NAME: ACACIA VILLAS	FACILITY NUMBER: 306004749
ADMINISTRATOR: TAMMY JOO	FACILITY TYPE: 740
ADDRESS: 1620 E. CHAPMAN AVENUE	TELEPHONE: (714) 879-0920
CITY: FULLERTON	ZIP CODE: 92831
CAPACITY: 99	DATE: 01/22/2026
MET WITH: Tammy Joo	UNANNOUNCED TIME BEGAN: 07:38 AM
	TIME COMPLETED: 01:00 PM

ALLEGATION(S):

1	Facility staff is not ensuring safety of resident while in care.
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INVESTIGATION FINDINGS:

1	This unannounced inspection is being conducted by Licensing Program Analyst (LPA) Sean Haddad for the purpose of delivering findings for the investigation into the above identified complaint allegation. LPA met with Administrator (AD) Tammy Joo and explained the reason for today's inspection.
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5	The investigation into the allegation that facility staff is not ensuring safety of resident while in care revealed the following: During the course of the investigation, LPA inspected the facility, interviewed Assistant Administrator (AAD) Michelle Kwak, witnesses, and residents, and obtained and reviewed
6	copies of the resident roster, staff roster, and Resident #1's (R1) Physician's Report dated March 1, 2021.
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10	CONTINUED
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Sean Haddad
LICENSING EVALUATOR SIGNATURE:

DATE: 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/22/2026

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-20210416163318

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: ACACIA VILLAS

FACILITY NUMBER: 306004749

VISIT DATE: 01/22/2026

NARRATIVE

1 It was alleged that R1's responsible party is emotionally abusing R1 at the facility by encouraging them
2 to eat when they're not hungry, telling them in a "threatening tone" that they will not be able to go on
3 outings if they don't eat, and encouraging R1 to walk when they're tired. Per a statement from R1's
4 hospice company, R1's hospice nurse assessed R1 on April 14, 2021, R1 denied any concerns of
5 emotional abuse by their responsible party, R1 stated they felt "relaxed" in the presence of their
6 responsible party, R1 reported that their responsible party encourages them to eat to "get stronger" but
7 does not force feed them, R1 also denied being forced to walk when too tired and reported that their
8 responsible party encourages them to walk but takes them back to their room when they're ready, and
9 facility staff denied observing concerns for emotional abuse by R1's responsible party. LPA reviewed
10 R1's Physician's Report dated March 1, 2021, which indicates R1 does not have dementia. LPA
11 interviewed AAD who stated that R1's responsible party has been good and diligent with R1, comes to
12 see R1 on a daily basis, is very emotionally close with R1, does not yell at R1, and treats R1 well. Per
13 AAD, facility staff have never seen R1's responsible party do anything bad with R1 and R1 really likes
14 their responsible party. LPA interviewed R1 who denied the allegation, stating their responsible party
15 treats them well and they have no concerns at the facility. LPA interviewed two additional residents who
16 raised no safety concerns at the facility. LPA interviewed R1's responsible party who denied the
17 allegation and raised no concerns about the facility. No information was obtained corroborating the
18 allegation.

20 The Department has investigated the above allegation and found it to be Unfounded, meaning the
21 allegation was false, could not have happened, or is without reasonable basis. An exit interview was
22 conducted and a copy of this report was discussed with and provided to facility representative.

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Sean Haddad
LICENSING EVALUATOR SIGNATURE:

DATE: 01/22/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/22/2026

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

PUBLIC

COMPLAINT CONTROL NUMBER: 22-AS-20210416163318

FACILITY NAME: ACACIA VILLAS

FACILITY NUMBER: 306004749

ADMINISTRATOR:TAMMY JOO

FACILITY TYPE: 740

ADDRESS: 1620 E. CHAPMAN AVENUE

TELEPHONE: (714) 879-0920

CITY: FULLERTON

STATE: CA

ZIP CODE: 92831

CAPACITY: 99

CENSUS: 99

DATE: 01/22/2026

MET WITH: Tammy Joo

UNANNOUNCED TIME BEGAN: 07:38 AM

TIME COMPLETED: 01:00 PM

ALLEGATION(S):

1 Facility staff is not following resident's care plan.
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INVESTIGATION FINDINGS:

1 This unannounced inspection is being conducted by Licensing Program Analyst (LPA) Sean Haddad for
2 the purpose of delivering findings for the investigation into the above identified complaint allegation. LPA
3 met with Administrator (AD) Tammy Joo and explained the reason for today's inspection.
4

5 The investigation into the allegation that facility staff is not following resident's care plan revealed the
6 following: During the course of the investigation, LPA inspected the facility, interviewed Assistant
7 Administrator (AAD) Michelle Kwak, witnesses, and residents, and obtained and reviewed copies of the
8 resident roster, staff roster, Resident #1's (R1) hospice medical records, and R1's Physician's Report
9 dated March 1, 2021.
10

11 It was alleged that the facility is not providing proper care for R1 resulting in R1 having a rash under their
12 left breast. Per a statement from R1's hospice company, R1's rash is being managed by R1's hospice
13 team and R1 was recently assessed by their hospice nurse on April 14, 2021.

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Armando J Lucero

LICENSING EVALUATOR NAME: Sean Haddad

LICENSING EVALUATOR SIGNATURE:

DATE: 01/22/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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LIC9099 (FAS) - (06/04)

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Control Number 22-AS-20210416163318

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ACACIA VILLAS

FACILITY NUMBER: 306004749

VISIT DATE: 01/22/2026

NARRATIVE

1 LPA reviewed R1's hospice medical records which confirmed that R1's rash was being assessed and
2 treated by R1's hospice care team. LPA interviewed AAD who stated that R1 has a history of rashes, R1
3 recently had a rash that got better after an anti-fungal cream was used, and facility staff regularly
4 provide R1 showers, check on R1, and ensure R1's incontinence needs are met. LPA reviewed R1's
5 Physician's Report dated March 1, 2021, which confirms that R1 has a history of rashes. LPA
6 interviewed R1 who denied the allegation, stating facility staff noticed and obtained treatment for their

7 rash quickly and they have no concerns at the facility. LPA interviewed two additional residents who
8 raised no care concerns at the facility. LPA interviewed R1's responsible party who denied the allegation,
9 stating the rash was properly addressed, and raised no care concerns at the facility. In addition to the
10 rash, one witness reported that R1's incontinence needs are not being met, there were issues with R1's
11 medications, and R1 had a urinary tract infection that was not addressed properly. Regarding R1's
12 incontinence care, R1 and R1's responsible party did not corroborate any issues with incontinence care,
13 with R1's responsible party confirming that R1 was checked on and changed regularly. However, both
14 the witness and R1's responsible party confirmed that R1's diapers, even if changed timely, leaked due
15 to being the wrong size. LPA interviewed AAD who stated that R1's diapers were provided by hospice
16 and if they were the wrong size, then R1's hospice bath aide, R1's responsible party who came every
17 day to see R1, or the facility's staff would have noticed, raised the issue with hospice, and the diaper
18 size would have been changed. LPA reviewed R1's hospice medical records which confirmed R1's
19 diapers were provided by hospice. The information obtained did not corroborate that the facility failed to
20 address the diaper size issue, including because the issue started with hospice and R1 and their
21 responsible party could have addressed the issue directly with hospice. Regarding R1's medications,
22 the witness reported that the facility was giving R1 antacids with medications that could not be combined
23 with antacids. LPA interviewed AAD who was unable to provide information regarding this issue. LPA
24 reviewed R1's hospice medical records which list R1's medications during the relevant time period and
25 noted R1 was prescribed milk of magnesia, but there is no special instruction that any medications on
26 R1's medication list cannot be taken together. Regarding R1's urinary tract infection, LPA interviewed
27 AAD who could not identify whether R1 had any specific urinary tract infections, but stated that residents
28 like R1 who receive incontinence care are at higher risk for urinary tract infections, staff check for signs
29 and symptoms during changes, and any concerns are reported to the resident's doctor. LPA reviewed
30 R1's Physician's Report dated March 1, 2021, and hospice medical records and did not note any
31 documentation regarding urinary tract infections. When interviewed, R1 and their responsible party
32 raised no concerns regarding urinary tract infections.

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LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/22/2026

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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
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FACILITY NAME: ACACIA VILLAS **FACILITY NUMBER:** 306004749
VISIT DATE: 01/22/2026

NARRATIVE

1 Based on the information gathered during the investigation and review of all documents obtained, the
2 Department is unable to ascertain if the above allegation occurred as reported. Although the allegation
3 may have happened or is valid, there is not a preponderance of evidence to prove or refute the alleged
4 violation occurred; therefore, this allegation is deemed Unsubstantiated. An exit interview was
5 conducted and a copy of this report was discussed with and provided to facility representative.
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SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Sean Haddad
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