

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306004762
Report Date: 09/08/2026
Date Signed: 09/08/2026 02:14:33 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 08/20/2026 and conducted by Evaluator Hanna Fuller

	COMPLAINT CONTROL NUMBER: 22-AS-20260820113911
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FACILITY NAME: ADELYA SENIOR HOME II	FACILITY NUMBER: 306004762
ADMINISTRATOR: LAWRENCE LINDSEY	FACILITY TYPE: 740
ADDRESS: 16419 VERNON STREET	TELEPHONE: (657) 218-4680
CITY: FOUNTAIN VALLEY	ZIP CODE: 92708
CAPACITY: 6	DATE: 09/08/2026
	UNANNOUNCED TIME BEGAN: 01:12 PM
MET WITH: Jimmy Estrella	TIME COMPLETED: 02:30 PM

ALLEGATION(S):

1	Facility staff denied resident visitation rights.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Hanna Fuller made an unannounced visit to the facility to conduct an investigation into the above mentioned complaint allegation. LPA was greeted and granted entry by staff.
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3	LPA met with Caregiver Jimmy Estrella. Jimmy called Licensee Lawrence Lindsey and LPA discussed the purpose of the visit.
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6	The investigation into the facility allegation of Facility staff denied resident visitation rights revealed the following: It was alleged that two visitors were not permitted to visiting Resident#1 (R1) by facility staff
7	due to family not allowing the resident visitors without them present at the facility. LPA reviewed a
8	medical assessment for R1 dated May 15, 2026, stating that R1 can communicate and is nonambulatory
9	due to their physical condition. This assessment was signed by a medical professional. LPA reviewed a
10	Durable Power of Attorney form for health care for R1 only. LPA did not review conservatorship papers
11	for R1. LPA reviewed facility visitor sign in sheets with the first visitor being from May 17, 2026, until
12	August 25, 2026, where all residents had visitors signing in at different times of the day, including R1.
13	Continue on LIC9099C

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Kevin Saborit-Guasch	
LICENSING EVALUATOR NAME: Hanna Fuller	
LICENSING EVALUATOR SIGNATURE:	DATE: 09/08/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/08/2026

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-20260820113911

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ADELYA SENIOR HOME II	FACILITY NUMBER: 306004762
	VISIT DATE: 09/08/2026

NARRATIVE	
1	LPA interviewed 4 of 5 residents including R1. 4 of 5 residents informed LPA that the staff do not decide
2	who visits them, they decide if they want to have visitors. 4 of 5 residents confirmed that it is their
3	decision to make, not the staffs and the staff do not make the decision for them. 4 of 5 residents
4	informed LPA that staff has never denied visitors without their consent.
5	
6	R1 informed LPA that they remember denying visitors due to not feeling well and asked staff to let them
7	know. R1 informed LPA that their family does not dictate who they see, it is entirely up to them.
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9	LPA interviewed 3 staff and 1 of 3 staff answered the door of the facility when visitors requested to see
10	R1. 1 of 3 staff informed LPA that R1 informed them that they did not want visitors before denying them
11	into the facility. 2 of 3 staff informed LPA that R1 had stated that they did not want to see the visitors that
12	had arrived. 2 of 3 staff informed LPA that it was R1s decision and that R1s family has not tried to tell
13	them who can and cannot visit R1. 1 of 3 staff did not confirm or deny the allegation due to not being at
14	the facility at the time of the incident.
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16	Due to R1 stating that they did not want visitors and denied the visitors when staff asked. The
17	Department finds that the allegation to be UNFOUNDED. A finding that the complaint is unfounded
18	means that the allegation is false, could not have happened, and/or is without a reasonable basis.
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SUPERVISORS NAME: Kevin Saborit-Guasch	
LICENSING EVALUATOR NAME: Hanna Fuller	
LICENSING EVALUATOR SIGNATURE:	DATE: 09/08/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/08/2026