

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306004762
Report Date: 03/20/2023
Date Signed: 03/20/2023 12:59:54 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 **03/17/2023** and conducted by Evaluator Celine DePerio

| | |
|---------------|---|
| PUBLIC | COMPLAINT CONTROL NUMBER: 22-AS-20230317121845 |
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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 | STATE: CA ZIP CODE: 92708 |
| CAPACITY: 6 | CENSUS: 4 DATE: 03/20/2023 |
| MET WITH: Caregiver- Imelda Estrella | UNANNOUNCED TIME BEGAN: 09:53 AM |
| | TIME COMPLETED: 01:20 PM |

ALLEGATION(S):

| | |
|---|--------------------|
| 1 | Facility is dirty. |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

INVESTIGATION FINDINGS:

| | |
|----|---|
| 1 | Licensing Program Analysts (LPAs) Celine De Perio made an unannounced complaint visit to the facility |
| 2 | to initiate the 10-day visit for the complaint received on 3/17/23 and to deliver the findings. LPA was |
| 3 | greeted and granted entry by staff on duty, who contacted facility administrator (AD) Lawrence "Larry" |
| 4 | Lindsey about visit. AD was unable to be present during time of visit, however, provided consent for staff |
| 5 | on duty (S1) Imelda Estrella to receive and sign report. |
| 6 | |
| 7 | For today's visit, there are a total of 4 residents in care of which 3 are on hospice. LPA conducted a tour |
| 8 | of the interior and exterior portion of the facility with S1, conducted record reviews, interviews and |
| 9 | obtained copies of pertinent documents. |
| 10 | |
| 11 | This department has investigated the complaint alleging that the facility is dirty. |
| 12 | |
| 13 | SEE LIC9099-C. |

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Celine DePerio
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/20/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/20/2023

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-20230317121845

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: ADELYA SENIOR HOME II

FACILITY NUMBER: 306004762

VISIT DATE: 03/20/2023

NARRATIVE

1 During the tour, LPA observed all resident rooms, caregiver room, bathrooms, living room, dining area
2 and kitchen to be clean, in good repair, and free of odors. During LPA's arrival at the facility, staff on duty
3 were observed to be cleaning the kitchen.
4
5 LPA conducted a total of 7 interviews, which consisted of staff and residents, and 7 out of the 7
6 interviews did not corroborate with the allegation.
7
8 LPA conducted record reviews such as, but not limited to: the facility admission agreement, staff
9 schedule, staff roster, and the resident roster. Facility does not have any documents regarding cleaning
10 procedures, cleaning schedule and cleaning tasks.
11
12 Based on the information gathered during the investigation and review of documents obtained, LPA is
13 unable to ascertain if the allegation occurred as reported. Although the allegation may have happened or
14 is valid, there is not a preponderance of the evidence to prove or refute the alleged violation occurred;
15 therefore, this allegation is deemed UNSUBSTANTIATED.
16
17 For today's this visit, an advisory was issued, and no citations issued.
18
19 An exit interview was conducted with S1 and AD via telephone call, and a copy of this report was
20 provided to the facility.
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NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Celine DePerio
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/20/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/20/2023

LIC9099 (FAS) - (06/04)

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