

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 306004779  
Report Date: 03/12/2026  
Date Signed: 03/12/2026 03:49:15 PM

### Unsubstantiated

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/27/2025** and conducted by Evaluator Ruth Martinez

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 22-AS-20250627101345</b>
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<b>FACILITY NAME:</b> ADELYA SENIOR HOME III	<b>FACILITY NUMBER:</b> 306004779
<b>ADMINISTRATOR:</b> MARICEL LINDSEY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 6533 VIA ESTRADA	<b>TELEPHONE:</b> (714) 202-5075
<b>CITY:</b> ANAHEIM HILLS	<b>ZIP CODE:</b> 92807
<b>CAPACITY:</b> 6	<b>DATE:</b> 03/12/2026
<b>MET WITH:</b> Larry Lindsey, Licensee	<b>UNANNOUNCED TIME BEGAN:</b> 03:05 PM
	<b>TIME COMPLETED:</b> 04:30 PM

#### ALLEGATION(S):

1	-Neglect / Lack of adequate care from staff resulted in resident sustaining multiple pressure injuries.
2	-Staff providing care beyond the scope of the license (wound care).
3	-Staff did not provide resident linens.
4	-Staff did not ensure resident's toileting needs were met.
5	-Staff did not ensure resident was provided daily activities.
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ruth Martinez made an unannounced visit to the facility for the purpose of delivering findings into the investigation of the allegations listed above. LPA was greeted and granted entry to the facility by Larry Lindsey, Licensee and LPA stated the purpose of the visit.
2	
3	
4	
5	An initial investigation visit was conducted on June 30, 2025. During the visit, LPA Vanegas conducted a tour of the facility, and observed all residents, resting in their respective rooms and the common areas of the facility. LPA Vanegas gathered and reviewed pertinent records pertaining to residents in care in regard to the allegations stated above. LPA Vanegas interviewed one resident as four different residents were not available for interview. Furthermore, LPA Vanegas interviewed the administrator, and three different staff members.
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12	Continued on LIC9099-C
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Armando J Lucero  
**LICENSING EVALUATOR NAME:** Ruth Martinez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/12/2026

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-20250627101345

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:** ADELYA SENIOR HOME III

**FACILITY NUMBER:** 306004779

**VISIT DATE:** 03/12/2026

### NARRATIVE

1 It is alleged that neglect / Lack of adequate care from staff resulted in resident sustaining multiple  
2 pressure injuries, specifically to feet, ankle, buttocks, hip and back. Record review revealed that resident  
3 (R1) had an order summary report at Town & Country SNF on May 24, 2022, with the following: rehab  
4 and evaluation for treatment are as follows, heel protector of heel, (TX) of coccyx, left groin, right groin,  
5 skin, bilateral heel, discoloration of bilateral lower extremities, and upper extremities as of 5/13/22. R1  
6 was admitted to the facility on June 7, 2022. Functional capabilities assessment reflects reposition from  
7 side to side. Admissions records for Providence Home Health dated May 18, 2024, admissions  
8 diagnoses are pressure ulcer of left ankle stage 2, pressure ulcer of left heel unstageable, kidney  
9 disease, atrial fibrillation, thrombophilia, dysphagia, vascular disease, atherosclerosis of aorta,  
10 degenerative disease of nervous system, anxiety, and personal history of other diseases of circular  
11 system. Interviews with 2 of 2 staff stated that R1 had closed wounds and staff would apply ointment  
12 and/or bandages to them. Interviews conducted revealed that staff 2 of 2 stated that R1 did not have the  
13 wounds prior to entering the facility. Staff 4 of 4 stated that residents are rotated every two hours.  
14 Interview with residents stated that they are unaware of residents getting rotated because they don't go  
15 into that resident's room. Staff treat residents with dignity and respect.  
16  
17 It is alleged that staff providing care beyond the scope of the license revealed the following. No dates or  
18 times were provided of when the alleged violation took place. It was reported that staff on duty provide  
19 wound care for R1's pressure injuries sustained while under the supervision of the facility. Interviews  
20 with 4 of 4 staff did not corroborate the allegation. All staff stated that they provided sanitation of the  
21 wound if needed by applying ointment and bandages. R1 was admitted to home health and they  
22 provided wound care. Interview with resident stated that they have never witnessed any wound care  
23 treatment being performed on any resident.  
24  
25 It is alleged that staff did not provide resident linens. It was reported that staff on duty denied a linen for  
26 R1 due to R1 getting the linens dirty too frequently. Interviews with 4 of 4 staff did not corroborate the  
27 allegation, it was stated that if a resident requires changing or cleaning, they provide that service right  
28 away. Interview with resident revealed the following, if clean linens are needed, they will receive them  
29 right away.  
30  
31 Continued on LIC9099-C  
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**SUPERVISORS NAME:** Armando J Lucero  
**LICENSING EVALUATOR NAME:** Ruth Martinez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/12/2026

LIC9099 (FAS) - (06/04)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
ORANGE COUNTY RO, 770 THE CITY DR., SUITE

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

7100  
ORANGE, CA 92868

**FACILITY NAME:** ADELYA SENIOR HOME III

**FACILITY NUMBER:** 306004779

**VISIT DATE:** 03/12/2026

**NARRATIVE**

1 It is alleged that staff did not ensure that the residents' toileting needs were met. It was stated that  
2 resident was observed to be soiled on several occasions, and they were changed only when it was  
3 brought to the staff's attention. Interviews with 4 of 4 staff revealed that they change residents whenever  
4 it is observed that they have a soiled diaper. Interview with resident revealed that they have never  
5 witnessed any residents sitting in a soiled diaper.  
6  
7 It is alleged that staff did not ensure resident was provided daily activities, specifically to staff leaving R1  
8 in their room with no stimulation such as the television being on. Interviews with 4 of 4 staff revealed that  
9 the facility offers activities, however the residents do not like to take part in the activities. Interview with  
10 resident revealed the following that the facility does offer activities, however they do not like to  
11 participate in many activities.  
12  
13 Based on the information mentioned above, the Department is unable to ascertain if the allegations  
14 occurred as reported. Although the allegations may have happened or is valid, there is not a  
15 preponderance of evidence to prove or refute the alleged violations occurred; therefore, these  
16 allegations are deemed Unsubstantiated.  
17  
18 An exit interview was conducted with the facility representative and a copy of this LIC9099 report was  
19 left at facility.  
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**SUPERVISORS NAME:** Armando J Lucero  
**LICENSING EVALUATOR NAME:** Ruth Martinez  
**LICENSING EVALUATOR SIGNATURE:** **DATE:** 03/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 03/12/2026