

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306004839
Report Date: 02/18/2026
Date Signed: 02/18/2026 03:19:33 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 **02/13/2026** and conducted by Evaluator Brandon Lopez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260213155556
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FACILITY NAME: FULLERTON VILLA	FACILITY NUMBER: 306004839
ADMINISTRATOR: JAE WAN RIM	FACILITY TYPE: 740
ADDRESS: 2441 W. ORANGETHORPE AVE.	TELEPHONE: (714) 992-5380
CITY: FULLERTON	ZIP CODE: 92833
CAPACITY: 197	DATE: 02/18/2026
MET WITH: Administrator Jae Wan Rim	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Staff administered medication to a resident without proper consent
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INVESTIGATION FINDINGS:

1	On February 18, 2026, Licensing Program Analyst (LPA) Brandon Lopez made an unannounced visit to
2	the facility to initiate the investigation into the allegation listed above and to deliver the complaint findings.
3	LPA was greeted and granted entry into the facility by staff after explaining the purpose for the visit.
4	Administrator (AD) Jae Wan Rim was present and assisted on today's visit.
5	
6	During the course of the investigation, LPA conducted one staff interview, reviewed and obtained
7	pertinent documents to the complaint. Regarding the allegation, staff administered medication to a
8	resident without proper consent, the following has been concluded: It was alleged that staff administered
9	medication to Resident #1 (R1) without proper consent. LPA reviewed R1's file including the admission
10	agreement, medical assessment, pre-placement appraisal, resident appraisal, needs and services plan,
11	and medication administration records. LPA observed there was no medical power of attorney on file for
12	R1, or any other document in which the facility was required to obtain consent from R1's responsible
13	party prior to administrating medication to R1. CONTINUED ON LIC9099-C

Unfounded	Estimated Days of Completion: 90
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SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Brandon Lopez
LICENSING EVALUATOR SIGNATURE:

DATE: 02/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/18/2026

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-20260213155556

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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: FULLERTON VILLA

FACILITY NUMBER: 306004839

VISIT DATE: 02/18/2026

NARRATIVE

1 LPA observed that the facility was administering medication to R1 in accordance with her prescribed
2 medication orders, as per regulations. There is also no regulations that requires the facility to obtain
3 consent from a resident's responsible party prior to administering their prescribed medications. LPA
4 conducted one staff interview. The staff interviewed confirmed that R1 did not have a medical power of
5 attorney and that medications were administered in accordance to R1's prescribed orders.
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7 Based on the evidence gathered during this investigation, the complaint is UNFOUNDED, meaning that
8 the allegation was false, could not have happened and/or is without reasonable basis. An exit interview
9 was conducted Administrator Jae Wan Rim and a copy of the report was provided.
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LIC9099 (FAS) - (06/04)

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