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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306004839
Report Date: 08/13/2026
Date Signed: 08/20/2026 09:27:01 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/05/2024** and conducted by Evaluator Jason Lund

	COMPLAINT CONTROL NUMBER: 22-AS-20241105125047

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	**STATE:** CA		**ZIP CODE:**	92833
CAPACITY:	197	**CENSUS:** 170		**DATE:**	08/13/2026
		UNANNOUNCED		**TIME BEGAN:**	11:00 PM
MET WITH:	Administrator Jae Wan RIm			**TIME COMPLETED:**	11:59 PM

ALLEGATION(S):

1	Staff do not allow residents to make decisions regarding their care
2	Staff obtained hospice services on behalf of residents who do not meet the criteria for hospice care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jason Lund delivered complaint findings via email to Administrator Jae
2	Wan RIm for the following allegations.
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4	Staff do not allow residents to make decisions regarding their care- LPA Lund reviewed interviews from
5	Licensing Program Analyst (LPA) Lydia Martinez from 11/15/2024 from residents in care waiting to go to
6	day program. Residents interviewed stated that they like to go to the day program. Administrator Jae
7	Wan Rim stated that residents are not forced to go to day program and can go if they want or not. If
8	residents want to go, they wait for the bus to take them to the program. Based on interviews with staff
9	and residents in care LPA Lund could not verify the allegation.
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Unsubstantiated	**Estimated Days of Completion: 90**

SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE:
DATE: 08/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/13/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 22-AS-20241105125047

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY NAME: FULLERTON VILLA **FACILITY NUMBER:** 306004839
VISIT DATE: 08/13/2026

NARRATIVE

Based on interviews with staff and residents in care on the information provided, it was unclear if staff do not allow residents to make decisions regarding their care, therefore the allegation was deemed UNSUBSTANTIATED.

Staff obtained hospice services on behalf of residents who do not meet the criteria for hospice care- LPA Lund interviewed Administrator Jae Wan Rim who stated that the facility Licensee doesn't own a Hospice agency. The facility doesn't obtain hospice services on behalf on the residents in care only residents doctors can obtain hospice for residents in care. Based on interview with Administrator Jae Wan Rim LPA Lund could not verify the allegation.

Based on interview with Administrator Jae Wan Rim on the information provided, it was unclear if staff obtained hospice services on behalf of residents who do not meet the criteria for hospice care, therefore the allegation was deemed UNSUBSTANTIATED.

As a result of this investigation, this Department finds the allegation to be UNSUBSTANTIATED. A complaint allegation finding of Unsubstantiated means that although the allegation may have happened or is valid, there is no preponderance of the evidence to prove that the alleged violation occurred. Report emailed to the facility.

SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE:
DATE: 08/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/13/2026