

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 306005384  
Report Date: 11/15/2021  
Date Signed: 11/15/2021 02:52:28 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/24/2021** and conducted by Evaluator Albert Marin

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 22-AS-20210824100223</b>
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<b>FACILITY NAME:</b> ALLORA SENIOR LIVING	<b>FACILITY NUMBER:</b> 306005384
<b>ADMINISTRATOR:</b> KEVIN ISMAILI	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 27532 CABEZA	<b>TELEPHONE:</b> (949) 436-5238
<b>CITY:</b> MISSION VIEJO	<b>STATE:</b> CA
<b>CAPACITY:</b> 6	<b>ZIP CODE:</b> 92691
<b>MET WITH:</b> Administrator Kevin Ismaili	<b>CENSUS:</b> 5
	<b>DATE:</b> 11/15/2021
	<b>UNANNOUNCED TIME BEGAN:</b> 02:00 PM
	<b>TIME COMPLETED:</b> 03:00 PM

### ALLEGATION(S):

1	Staff do not provide appropriate care and supervision to the residents while in care.
2	Residents are being forced to sleep.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Albert Marin made an unannounced visit to deliver the findings for the
2	complaint filed against this facility last August 24, 2021. LPA met with Administrator (AD) Kevin Ismaili
3	and stated the purpose of this visit.
4	
5	On allegation that staff do not provide appropriate care and supervision to the residents while in care, the
6	following are the findings. Based on observation, file review and interviews, two staff members start in
7	the morning assisting the residents with their needs which included but not limited to bathing, meals, and
8	medications. After the regular working hours, one staff member stays behind to assist residents on as
9	needed basis. Per interviews, Four out of four witnesses stated that they did not observe any issues with
10	the care and services being provided by the facility. LPA is unable to ascertain if the allegation occurred
11	as reported. Although the allegation may have happened or is valid, there is not a preponderance of the
12	evidence to prove or refute the alleged violation occurred; therefore, this allegation is deemed
13	UNSUBSTANTIATED.

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Luz Adams  
**NAME OF LICENSING PROGRAM ANALYST:** Albert Marin  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 11/15/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/15/2021

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-20210824100223

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:** ALLORA SENIOR LIVING

**FACILITY NUMBER:** 306005384

**VISIT DATE:** 11/15/2021

### NARRATIVE

1 On allegation that residents are being forced to sleep, the following are the findings. Based on  
2 observation and interviews, the facility is regularly serving dinner between 4:30 PM to 5:00 PM. After  
3 dinner residents are assisted per need and are prepared for the night. Per interviews, some residents  
4 preferred to stay in the common area and were supervised by on call staff member. Four out of four  
5 witnesses denied that residents were forced to sleep. Thus the allegation is deemed  
6 UNSUBSTANTIATED.  
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9 LPA Marin conducted an exit interview with Administrator Kevin Ismaili and copy of this report was left in  
10 the facility.  
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**NAME OF LICENSING PROGRAM MANAGER:** Luz Adams  
**NAME OF LICENSING PROGRAM ANALYST:** Albert Marin  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 11/15/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/15/2021

LIC9099 (FAS) - (06/04)

Page: 2 of 2