

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005563
Report Date: 11/29/2023
Date Signed: 11/29/2023 03:22:20 PM

Substantiated

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 **11/21/2023** and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20231121140704
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FACILITY NAME: BELMONT VILLAGE ALISO VIEJO	FACILITY NUMBER: 306005563
ADMINISTRATOR: AYALA, ROSA	FACILITY TYPE: 740
ADDRESS: 300 FREEDOM LN	TELEPHONE: (949) 643-1050
CITY: ALISO VIEJO	ZIP CODE: 92656
CAPACITY: 180	DATE: 11/29/2023
MET WITH: Rosa Ayala	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 03:04 PM

ALLEGATION(S):

1	-Facility failed to provide resident's records to authorized representative
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to initiate
2	an investigation into the above allegation. LPA was greeted and granted entry into the facility and
3	explained the reason for the visit.
4	During the investigation, LPA interviewed Executive Director as well as reviewed and obtained
5	documentation such as request letter for documents. Regarding the allegation that facility failed to
6	provide resident's records to authorized representative, the investigation revealed the following: Facility
7	received a request for Resident 1's (R1) records dated 11/16/2023 and received via Federal Express
8	11/17/2023. Facility indicated working on submitting records as of today, 11/29/2023 but that the records
9	had not been submitted to date. Based on records reviewed and interviews conducted, the
10	preponderance of evidence standard has been met. Therefore the above allegation is found to be
11	SUBSTANTIATED. California Code of Regulations, (Title 22, Division 6, Chapter 8), are being cited on
12	the attached LIC 9099D. An exit interview was conducted with Executive Director Ayala and a copy of
13	this report was provided.

Substantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz	
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/29/2023

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/29/2023
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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-20231121140704

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: BELMONT VILLAGE ALISO VIEJO **FACILITY NUMBER:** 306005563
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 11/29/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 12/01/2023 Section Cited HSC 1569.269(a)(21)	1 Residents of residential care facilities 2 for the elderly shall have all of the 3 following rights: To have prompt access 4 to review all of their records and to 5 purchase photocopies. Photocopied 6 records shall be promptly provided, not 7 to exceed two business days..This req is not being met as evidenced by:	1 Licensee to submit requested records 2 to resident's agent and forward proof to 3 LPA by POC due date. 4 5 6 7
	8 Based on records reviewed, Licensee 9 failed to submit requested documents 10 to resident's agent. This poses a 11 potential health and safety risk to 12 residents in care. 13 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz	
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/29/2023

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/29/2023
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