

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 306005603

Report Date: 02/20/2026

Date Signed: 02/20/2026 03:57:47 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/23/2022** and conducted by Evaluator Hanna Gough

	<b>COMPLAINT CONTROL NUMBER: 22-AS-20220523154103</b>
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<b>FACILITY NAME:</b> CITRUS HILLS ASSISTED LIVING	<b>FACILITY NUMBER:</b> 306005603
<b>ADMINISTRATOR:</b> JUAN JORGE POEMAPE-DIAZ	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 142 S PROSPECT ST	<b>TELEPHONE:</b> (714) 639-3590
<b>CITY:</b> ORANGE	<b>ZIP CODE:</b> 92869
<b>CAPACITY:</b> 95	<b>DATE:</b> 02/20/2026
<b>MET WITH:</b> Charles Marinko	<b>UNANNOUNCED TIME BEGAN:</b> 08:00 AM
	<b>TIME COMPLETED:</b> 04:15 PM

### ALLEGATION(S):

1	Facility increased resident rent in excess of the allowed SSI/SSP amount.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Hanna Gough made an unannounced visit to the facility to conduct a complaint investigation into the above mentioned allegations. LPA was greeted and granted entry by staff. LPA met with Administrator (AD) Charles Marinko and discussed the purpose of the visit.
2	
3	
4	
5	Regarding facility allegation of Facility increased resident rent in excess of the allowed SSI/SSP amount revealed the following: It was alleged that staff notified Witness #1 (W1) of an excessive rent increase starting August 1, 2022. LPA observed Resident #1(R1) admission agreement and was admitted to the facility on November 6, 2020. LPA observed the agreement was signed by R1, R1s responsible party and facility staff. LPA observed the admission agreement stating that the facility has the right to change the amount of the fees at any time with a 60 day written notice. LPA observed that the rent for R1 was to be \$1200 at the time the agreement was signed.
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13	Continue on 9099C

<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Armando J Lucero  
**LICENSING EVALUATOR NAME:** Hanna Gough  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/20/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/20/2026

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-20220523154103

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
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ORANGE, CA 92868

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** CITRUS HILLS ASSISTED LIVING

**FACILITY NUMBER:** 306005603

**VISIT DATE:** 02/20/2026

### NARRATIVE

1 LPA reviewed a rate increase letter dated May 22, 2022, stating that on August 1, 2022, R1s rate will  
2 increase to \$3000 a month with an extra service charge of \$900. This letter was signed by facility staff  
3 and sent to R1s responsible party. LPA observed rental statements for R1 from their responsible party  
4 from April 2022- October 2023 showing that the rent stayed at \$1200 and that the rate increase did not  
5 go into effect.

6  
7 Interviews with 2 of 7 staff revealed that R1 did not have a rate increase until November of 2023. 2 of 7  
8 staff informed LPA that the rent increase letter found in R1s file was never put into effect and they never  
9 paid that amount during their time at the facility. 2 of 7 staff informed LPA that R1 moved out of the  
10 facility in 2025. 5 of 7 staff informed LPA they were care staff and would not know about rent.

11  
12 LPA was unable to interview R1 due to not residing at the facility any longer.

13  
14 Based on the information gathered and the interviews conducted, the Department finds that the  
15 allegation is unfounded. A finding that the complaint is unfounded means that the allegation is false,  
16 could not have happened, and/or is without a reasonable basis.

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18 An exit interview was conducted and a copy of this report was left at the facility.  
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**SUPERVISORS NAME:** Armando J Lucero  
**LICENSING EVALUATOR NAME:** Hanna Gough  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/20/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/20/2026

LIC9099 (FAS) - (06/04)

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## COMPLAINT INVESTIGATION REPORT

**COMPLAINT CONTROL NUMBER: 22-AS-20220523154103**

**FACILITY NAME:** CITRUS HILLS ASSISTED LIVING

**FACILITY NUMBER:** 306005603

**ADMINISTRATOR:**JUAN JORGE POEMAPE-DIAZ

**FACILITY TYPE:** 740

**ADDRESS:** 142 S PROSPECT ST

**TELEPHONE:** (714) 639-3590

**CITY:** ORANGE

**STATE:** CA

**ZIP CODE:** 92869

**CAPACITY:** 95

**CENSUS:** 93

**DATE:** 02/20/2026

**MET WITH:** Charles Marinko

**UNANNOUNCED TIME BEGAN:** 08:00 AM

**TIME COMPLETED:** 04:15 PM

**ALLEGATION(S):**

- 1 Facility is in disrepair
- 2 Facility staffing is inadequate to meet resident's needs.
- 3 Facility is not maintained in conformity with the regulations adopted by the State Fire Marshal
- 4
- 5
- 6
- 7
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**INVESTIGATION FINDINGS:**

- 1 Licensing Program Analyst (LPA) Hanna Gough made an unannounced visit to the facility to conduct an
- 2 investigation into the above mentioned complaint allegations. LPA was greeted and granted entry by
- 3 staff. LPA met with Administrator (AD) Charles Marinko and discussed the purpose of the visit.
- 4
- 5 Regarding the facility allegation of Facility is in disrepair revealed the following: It was alleged that the
- 6 call button system was not operational as well as the elevator. LPA observed the call light system and
- 7 elevator to be functional. LPA did not observe an elevator report from 2022. LPA observed a current
- 8 license for the elevator stating that it was inspected on September 30, 2025, and passed. LPA observed
- 9 the call light in resident bedrooms to be operational and signal the staff devices to notify them of a call
- 10 button has been activated.LPA observed the front desk and back office to have screens that show when
- 11 a call light has been activated, when staff acknowledge it and when staff turn it off at the residents
- 12 bedside. LPA observed 7 of 7 residents to use the pull chords and found them to be operational with a
- 13 staff response of less than 5 minutes. LPA did not observe a call light response log from 2022. Continue on 9099C

**Unsubstantiated** Estimated Days of Completion:

**SUPERVISORS NAME:** Armando J Lucero  
**LICENSING EVALUATOR NAME:** Hanna Gough  
**LICENSING EVALUATOR SIGNATURE:** **DATE:** 02/20/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 02/20/2026

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**  
LIC9099 (FAS) - (06/04) Page: 3 of 4

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<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b>
<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	<b>COMMUNITY CARE LICENSING DIVISION</b>
	<b>ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100</b>
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**FACILITY NAME:** CITRUS HILLS ASSISTED LIVING

**FACILITY NUMBER:** 306005603

**VISIT DATE:** 02/20/2026

**NARRATIVE**

- 1 LPA interviewed staff and 6 of 7 staff have informed LPA that the call system has always been
- 2 operational. 6 of 7 staff revealed that if a call light is malfunctioning, the maintenance director fixes it
- 3 right away and does not delay fixing the issue. 6 of 7 staff informed LPA that the response time is
- 4 expected to be 10 minutes or less. 6 of 7 staff informed LPA that all calls are responded to no matter
- 5

6 what. 6 of 7 staff informed LPA that the call lights give a notification when the batteries are low. 1 of 7  
7 staff work in the business office and do not attend to call light signals.  
8  
9 LPA interviewed residents and 7 of 7 residents informed LPA that their lights were operational. 7 of 7  
10 residents informed LPA that their chords have always been operational. 6 of 7 residents informed LPA  
11 that staff always respond to the light and assist them. 1 of 7 residents informed LPA that the staff do not  
12 always respond to the signal system.  
13  
14 Regarding the facility allegation of Facility is not maintained in conformity with the regulations adopted  
15 by the State Fire Marshal revealed the following: It was alleged that the electrical facility plugs were not  
16 operational or mounted to the wall correctly. LPA observed all plugs to be on the facility wall to be placed  
17 correctly and no wires were exposed. LPA did not observe any reports stating the plugs were not  
18 operational in 2022.  
19  
20 Regarding the facility allegation of Facility staffing is inadequate to meet resident's needs revealed the  
21 following: It was alleged that due to a high turnover of staff, resident needs are not being met. LPA was  
22 unable to review staff schedules for the year of 2022. LPA observed a current staff schedule that  
23 reflected 5 care staff are on the morning shift, 5 care staff are on the evening shift and 2 care staff are  
24 on the over night shift.  
25  
26 LPA observed an in service that was conducted on October 15, 2025, on the topic of call light responses  
27 and resident communications.  
28  
29 Interviews with 7 of 7 residents revealed to LPA that the staff assist them and their needs are taken care  
30 of. 5 of 7 residents informed LPA that they are more independent and do not need as much assistance.  
31 2 of 7 residents informed LPA that they get assistance whenever needed even for things that do not  
32 pertain to their care.

Based on information gathered and interviews conducted, the Department is unable to ascertain if the above allegations occurred as reported. Although the allegations may have happened or is valid, there is not a preponderance of evidence to prove or refute the alleged violation occurred; therefore, the allegations are deemed UNSUBSTANTIATED.

An exit interview was conducted and a copy of this report was left at the facility.

**SUPERVISORS NAME:** Armando J Lucero  
**LICENSING EVALUATOR NAME:** Hanna Gough  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 02/20/2026

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