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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005603
Report Date: 07/31/2026
Date Signed: 07/31/2026 02:15:13 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **07/26/2026** and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20260726175917

FACILITY NAME:	CITRUS HILLS ASSISTED LIVING			**FACILITY NUMBER:**	306005603
ADMINISTRATOR:	CHARLES MARINKO			**FACILITY TYPE:**	740
ADDRESS:	142 S PROSPECT ST			**TELEPHONE:**	(714) 639-3590
CITY:	ORANGE	**STATE:** CA		**ZIP CODE:**	92869
CAPACITY:	95	**CENSUS:** 87		**DATE:**	07/31/2026
		UNANNOUNCED		**TIME BEGAN:**	10:20 AM
MET WITH:	Charles Marinko			**TIME COMPLETED:**	02:35 PM

ALLEGATION(S):

1	Staff does not ensure resident's catheter needs are being met resulting in resident developing an infection
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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 visit, LPA toured the facility and interviewed staff and resident. Regarding the allegation that
5	staff does not ensure resident's catheter needs are being met resulting in resident developing an
6	infection, the investigation revealed the following: Resident 1 (R1) does not have a urinary catheter
7	however the resident has a port for dialysis. LPA reviewed hospitalization records from 07/19/2026 and
8	07/22/2026 and there is no documentation of resident being seen for any urinary or port infection.
9	Resident denies an infection. Based on interviews conducted and record review, the allegation is deemed
10	unfounded, meaning the allegation was false, could not have happened and/or is without a reasonable
11	basis. Exit interview conducted and a copy of this report was provided to facility representative.
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Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Kimberly Lyman
LICENSING EVALUATOR SIGNATURE:
DATE: 07/31/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/31/2026

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 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 **07/26/2026** and conducted by Evaluator Kimberly Lyman

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ALLEGATION(S):

1. Staff does not provide adequate supervision resulting in resident falling and sustaining an injury
2. Staff leaves resident soiled for extended periods of time
3. Staff does not prevent resident from threatening another resident

INVESTIGATION FINDINGS:

Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to initiate an investigation into the above allegation. LPA was greeted and granted entry into the facility and explained the reason for the visit.

During the course of the investigation, LPA toured the facility and interviewed staff and resident as well as reviewed and obtained pertinent documentation such as hospital discharge paperwork. Regarding the allegation that staff does not provide adequate supervision resulting in resident falling and sustaining an injury, staff leaves resident soiled for extended periods of time, and staff does not prevent resident from threatening another resident, the investigation revealed the following: LPA reviewed discharge paperwork from St Joseph hospital dated 07/19/2026 and OC Global Medical Center as well as St Joseph dated 07/22/2026. Neither dates show evidence of an injury. Imaging at St Joseph is negative for injuries on both dates and documentation from OC Global show the resident refused labs or imaging and discharged "Against medical advice." Four out of four staff deny the resident had a head injury. Resident 1 (R1) is diagnosed with End Stage Renal Failure. CONTINUED ON LIC 9099C DATED 07/31/2026.

Unsubstantiated **Estimated Days of Completion:**

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Kimberly Lyman
LICENSING EVALUATOR SIGNATURE:
DATE: 07/31/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/31/2026

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Control Number 22-AS-20260726175917

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

FACILITY NAME: CITRUS HILLS ASSISTED LIVING **FACILITY NUMBER:** 306005603

VISIT DATE: 07/31/2026

NARRATIVE

Four out of four staff state the resident is checked throughout the day. Caregiver checklist show staff are checking on the resident. Three out of three staff state the resident calls when incontinence care is needed. The staff state the response time is under 10 minutes. The resident denies an issue with response times stating the staff come as often as the resident needs. LPA reviewed caregiver checklist which shows incontinence care is being provided. Three out of three residents state satisfaction with caregiving at the facility. Staff and administrator indicate ongoing issues with R1's roommates. Three out of three staff and administrator indicate R1 is the instigator of issues and the facility has swapped roommates for R1 four times. LPA unable to interview R2 as the resident was sent out to the hospital.

Based on the information gathered during the investigation and review of documents obtained, LPA is unable to ascertain if the allegations occurred as reported due to conflicting information. Although the allegations may have happened or is valid, there is not a preponderance of the evidence to prove or refute the alleged violations occurred; therefore, this allegation is deemed UNSUBSTANTIATED.

Exit interview conducted and a copy of this report will be provided.

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Kimberly Lyman
LICENSING EVALUATOR SIGNATURE:
DATE: 07/31/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
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