

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005636
Report Date: 08/10/2022
Date Signed: 08/11/2022 08:40:26 AM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	MAINPLACE SENIOR LIVING	FACILITY NUMBER:	306005636
ADMINISTRATOR:	PHAT T. NGUYEN	FACILITY TYPE:	740
ADDRESS:	1800 1832 W. CULVER AVENUE	TELEPHONE:	(714) 978-2534
CITY:	ORANGE	STATE:	CA
CAPACITY:	153	ZIP CODE:	92868
TYPE OF VISIT:	Case Management - Incident	CENSUS:	75
MET WITH:	Phat Nguyen and Kimberly Mims	DATE:	08/10/2022
		UNANNOUNCED TIME BEGAN:	03:40 PM
		TIME COMPLETED:	05:00 PM

NARRATIVE	
1	Licensing Program Analyst Michelle Reed arrived at the facility to deliver the findings of Complaint #22-
2	AS-20220103122410, #22-AS-20210102174521 and #22-AS-20210428152302. Upon arrival, LPA met
3	with Wellness Director Kimberly Mims and explained the purpose of the visit. Ms. Mims informed LPA
4	that she was just sending over an unusual incident report to the Department regarding a resident
5	elopement. Operations Manager Phat Nguyen was out of the building and arrived a short time after LPA.
6	A tour of the Memory Care unit was conducted.
7	
8	Resident #1 moved into the facility on 7/27/22. R1 could not leave the facility unassisted and exhibited
9	wandering behavior. On 8/9/22 at approximately 3:25pm, staff in Memory Care noted that Resident
10	#1(R1) was missing. Staff notified Wellness Director Kimberly Mims and Operations Manager Phat
11	Nguyen. A thorough search of the unit was conducted as well as the outside. The window in Room #306
12	was identified as the possible exit point as the screen had been pushed out. Staff searched the entire
13	building and surrounding outside area and neighborhood near by. The local police were notified as well
14	as R1's responsible party and Doctor. A missing person's report was filed and the search continued by
15	the facility staff until 9:30pm.
16	
17	On 8/10/22 at approximately 1:15pm a good Samaritan found R1 outside their home in Santa Ana at the
18	corner of Edinger and Van Ness and called the responsible party. Responsible Party picked up R1 and
19	brought him to the facility. R1 did not have injuries and was taken to the hospital.
20	
21	No citations issued at this time. Mr. Nguyen and Ms. Mims were reminded that an elopement plan will
22	need to be put into place when R1 returns and facility staff must be sufficient to meet R1's needs. An
23	exit interview was conducted and a copy of this report was provided.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Michelle Reed

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/10/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/10/2022

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