

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005636

Report Date: 03/13/2026

Date Signed: 03/13/2026 04:01:50 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/29/2022** and conducted by Evaluator Claudia Gutierrez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20221129145306
---------------	---

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
MET WITH: Rhon Hipolito	CENSUS: UNANNOUNCED
	DATE: 03/13/2026
	TIME BEGAN: 08:08 AM
	TIME COMPLETED: 04:15 PM

ALLEGATION(S):

1	Staff are refusing to transport resident to pick up prescriptions.
2	Staff did not ensure resident was transported to doctor's appointment.
3	Staff did not ensure residents room wasn't in disrepair.
4	Staff yell at resident.
5	Staff did not safeguard residents food.
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	An unannounced Complaint Investigation was conducted on this day by Licensing Program Analyst (LPA)
2	Claudia Gutierrez for the purpose of delivering findings. LPA met with Executive Director (ED) Rhon
3	Hipolito and explained the purpose of the inspection.
4	
5	Regarding allegation, Staff are refusing to transport resident to pick up prescriptions, the following was
6	revealed: It is alleged facility staff were refusing to transport Resident 1 (R1) to pick up their
7	prescriptions. Interviews were conducted with two facility staff and six residents, including R1. During
8	their interview, R1 stated they had requested to go to the pharmacy to pick up medication about a month
9	ago, however, facility staff refused. Four of five additional residents interviewed denied the allegation and
10	stated their medication is delivered from the pharmacy to the facility and per Resident 2 (R2), staff
11	responsible for the medication "are really good" at ensuring they receive their medication. One of five
12	residents stated they do not take any medication and were unsure how medication is transported to the
13	facility. (Cont. LIC9099-C)

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Claudia Gutierrez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/13/2026

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 3

Control Number 22-AS-20221129145306

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: MAINPLACE SENIOR LIVING

FACILITY NUMBER: 306005636

VISIT DATE: 03/13/2026

NARRATIVE

1 During their interview, two of two staff stated the pharmacy delivers medication to the facility and in the
2 event a resident needs a ride, they can notify staff and rides are offered on Tuesdays and Thursdays.
3

4 Regarding allegation, Staff did not ensure resident was transported to doctor's appointment, the
5 following was revealed: It is alleged R1 missed a doctor's appointment due to a mix up in scheduling
6 transportation. During their interview, R1 denied missing a doctor's appointment and stated staff take
7 them to necessary doctor's appointments. Five of five additional residents interviewed denied the
8 allegation and stated the doctor comes to visit them at the facility or facility staff will make arrangements.
9 Per R2, the facility also offers rides on Tuesdays and Thursdays. During their interview, two of two staff
10 stated there was an isolated event in which R1 did not notify staff of their appointment. Per both staff,
11 had staff been aware of R1's appointment, they would have been able to transport them to their
12 appointment and stated rides are also offered on Tuesdays and Thursdays.
13

14 Regarding allegation, Staff did not ensure residents room wasn't in disrepair, the following was revealed:
15 It is alleged that upon move-in, R1's room was not ready and still in the process of being remodeled and
16 R1 did not have water or a sink for a few days. During their interview, R1 stated that upon moving into
17 the facility, there were boxes all over the room because it was still being painted, and their television did
18 not work. Resident 4 (R4) and R1 moved into the facility on the same date and were placed in rooms
19 directly next to one another. During their interview, R4 denied anything in their room being in disrepair
20 upon moving in, including their television. Four of four additional residents interviewed denied their room
21 being in disrepair upon moving in and stated their television has been and continues to be operable.
22 During their interview, two of two staff denied having any knowledge of anything in R1's room or any
23 other resident's room being in disrepair upon moving in.
24

25 Regarding allegation, Staff yell at resident, the following was revealed: It is alleged an unknown staff
26 member yelled at R1. During their interview, R1 stated that after staff refused to transport them to the
27 pharmacy, "one lady" looked at them and stated they could "walk over there." R1, however, was unable
28 to identify the individual or any other staff alleged to have yelled. Five of five additional residents
29 interviewed denied personally being yelled at by staff and denied witnessing or having any knowledge of
30 any other resident being yelled at by staff. Per R3, "on the contrary. They are very friendly and very
31 helpful." During their interview, two of two staff denied personally yelling or having any knowledge of any
32 other staff yelling at a resident. (Cont. LIC9099-C)

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Claudia Gutierrez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/13/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 22-AS-20221129145306

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

FACILITY NAME: MAINPLACE SENIOR LIVING

FACILITY NUMBER: 306005636
VISIT DATE: 03/13/2026

NARRATIVE

1 Regarding allegation, Staff did not safeguard resident's food, the following was revealed: It is alleged an
2 unknown staff member threw R1's food away, which was placed in a facility fridge. During their interview,
3 R1 was unable to confirm or deny the allegation and stated the only food they eat is what is provided by
4 the facility. During their interview, R3 stated that at mealtimes they "eat everything on [their] plate" and
5 have never had leftovers or food that needs to be safeguarded. Four of five additional residents
6 interviewed stated they are provided with meals by the facility and if they have leftovers, the facility
7 provides leftover containers, and they are able to bring them to their bedroom and eat them at their own
8 discretion. Two of two staff denied having any knowledge of staff not safeguarding any resident's food.
9
10 Due to allegations being uncorroborated during interviews conducted, the Department is unable to
11 determine if Staff were refusing to transport resident to pick up prescriptions, if Staff did not ensure
12 resident was transported to doctor's appointment, if Staff did not ensure residents room wasn't in
13 disrepair, if Staff yell at resident, or if Staff did not safeguard residents food. Although the above
14 allegations may have happened or are valid, there is not a preponderance of evidence to prove the
15 alleged violations did or did not occur, therefore at this time the above allegations are unsubstantiated.
16
17 An exit interview was conducted and copy of this report was provided at the end of the inspection.
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Claudia Gutierrez
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/13/2026