

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005636
Report Date: 09/01/2026
Date Signed: 09/01/2026 12:26:35 PM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/09/2026** and conducted by Evaluator Alvaro Ramirez Jr.

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260609084224
FACILITY NAME: MAINPLACE SENIOR LIVING	FACILITY NUMBER: 306005636
ADMINISTRATOR: RHONWINN HIPOLITO	FACILITY TYPE: 740
ADDRESS: 1800 1832 W. CULVER AVENUE	TELEPHONE: (714) 978-2534
CITY: ORANGE	ZIP CODE: 92868
CAPACITY: 153	DATE: 09/01/2026
	UNANNOUNCED TIME BEGAN: 08:25 AM
MET WITH: Rhonwinn Hipolito-Executive Director	TIME COMPLETED: 12:40 PM

ALLEGATION(S):

1	Resident sustained multiple falls and was hospitalized due to lack of care and supervision
2	Licensee did not ensure facility staff is sufficient in numbers to meet the resident's needs
3	Facility staff did not respond to the call buttons timely
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Alvaro Ramirez, Jr. conducted an unannounced visit to deliver findings
2	on the above allegations received on June 9, 2026. LPA was greeted and granted entry into the facility
3	and met with Executive Director (ED) Rhonwinn Hipolito. LPA explained the reason for the visit.
4	
5	This Department has investigated the complaint alleging that Resident sustained multiple falls and was
6	hospitalized due to lack of care and supervision. Regarding the allegation the following was revealed:
7	During the investigation LPA reviewed the Medical Assessment (LIC602A) dated December 16, 2025, for
8	Resident 1 (R1). Per Medical Assessment, R1 is nonambulatory and requires assistance with
9	repositioning and transferring. LPA reviewed the Service Plan Report dated December 30, 2025, for R1.
10	Per Service Plan Report, under mobility it states, R1 is at risk of falls, emergency call light within reach,
11	and R1 will receive assistance with transferring as indicated in the individual service plan. During the
12	investigation LPA reviewed the Mainplace Senior Living progress notes dated January 30, 2026, through
13	February 9, 2026, for R1.
	CONTINUED ON LIC9099-C...

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Sheila Santos	
LICENSING EVALUATOR NAME: Alvaro Ramirez Jr.	
LICENSING EVALUATOR SIGNATURE:	DATE: 09/01/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/01/2026

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-20260609084224

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
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: MAINPLACE SENIOR LIVING	FACILITY NUMBER: 306005636
	VISIT DATE: 09/01/2026

NARRATIVE	
1	Per progress notes, on February 2, 2026, R1 had an unwitnessed fall, 911 was called and R1 was sent
2	out to the hospital. Per progress notes, staff contacted the hospital and were told that R1 had a stroke,
3	had bruising but no fractures. During the interviews with witnesses, Witness 1 (W1) reported that they
4	could not tell if R1's stroke was due to lack of care. During the interviews with residents, R2-R6 reported
5	that if a resident sustains multiple falls that it is not due to lack of care and supervision. Per R3, there
6	was a former resident that refused to use bed rails. R6 stated that they sustained one fall and reported
7	that it was their fault. During the interviews with staff, Staff 1 (S1) reported that residents are told to wait
8	but they refused, get agitated and try to help themselves and fall. Per S2, R1 did not sustain multiple
9	falls due to lack of care and supervision.
10	
11	Regarding the allegation that Licensee did not ensure facility staff is sufficient in numbers to meet the
12	resident's needs, the following was revealed: During the investigation LPA reviewed the Mainplace
13	Senior Living staff schedule dated August and September 2026. Per staff schedule, on average there
14	are six caregivers and two Medication Technicians (MTs) for the morning shift from 6:30 a.m.-2:30 p.m.
15	and afternoon shift from 2:30 p.m.- 10:30 p.m. and two-three caregivers and one MT for the night shift
16	from 10:30 p.m.-6:30 a.m. for 116 residents in care. During the interviews with residents, R2, R3, R5
17	and R6 reported that the facility has enough staff to meet the residents needs. Per R4, the facility needs
18	more staff. During the interviews with staff, S1 reported that during their shift they have enough staff to
19	meet the residents needs. S2 stated that the facility has enough staff to care for the residents and
20	reported that they have enough time to assist the residents during their shift.
21	
22	Regarding the allegation that facility staff did not respond to the call buttons timely, the following was
23	revealed: During the investigation LPA reviewed the Mainplace Senior Living call light response times
24	dated January 26, 2026, through January 30, 2026, for R1. Per response times, staff responded to the
25	call light within one minute and 45 seconds to 35 minutes and 41 seconds. LPA also reviewed the
26	response times dated August 31, 2026. Per response times, staff responded to the call light within 10
27	seconds to 35 minutes and 38 seconds. During the interviews with residents, R2, R4, R5 and R6
28	reported that staff respond to the call light in a timely manner. R4 reported that staff respond to the call
29	light within five to 15 minutes. R5 stated that staff respond within 20 minutes and reported that they are
30	satisfy. During the interviews with staff, S1 reported that on average they respond to the call light as
31	soon as possible or within a couple of minutes.
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CONTINUED ON LIC9099-C...	

SUPERVISORS NAME: Sheila Santos	
LICENSING EVALUATOR NAME: Alvaro Ramirez Jr.	
LICENSING EVALUATOR SIGNATURE:	DATE: 09/01/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/01/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 22-AS-20260609084224

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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**COMPLAINT INVESTIGATION REPORT
(Cont)**

ORANGE COUNTY RO, 770 THE CITY DR., SUITE
7100
ORANGE, CA 92868

FACILITY NAME: MAINPLACE SENIOR LIVING

FACILITY NUMBER: 306005636

VISIT DATE: 09/01/2026

NARRATIVE	
1	S2 stated that on average they respond to the call light with in 20 minutes or less. Per S2, they have not
2	heard residents waiting for hour to be assisted.
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4	Based on the information gathered during the investigation and review of documents obtained, LPA is
5	unable to ascertain if the allegations occurred as reported due to conflicting information. Although the
6	allegations may have happened or are valid, there is not a preponderance of the evidence to prove or
7	refute the alleged violations occurred; therefore, these allegations are deemed UNSUBSTANTIATED.
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9	For today's visit, there were no citations issued per Title 22, Division 6 of the California Code of
10	Regulations.
11	LPA conducted an exit interview with ED Hipolito, and a copy of this report was provided to the facility.
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