

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005642

Report Date: 01/30/2026

Date Signed: 01/30/2026 03:06:24 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 **09/10/2021** and conducted by Evaluator Jessica Cho

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20210910090047
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FACILITY NAME: CROWN COVE	FACILITY NUMBER: 306005642
ADMINISTRATOR: OLSEN, KATHLEEN	FACILITY TYPE: 740
ADDRESS: 3901 EAST COAST HIGHWAY	TELEPHONE: (949) 760-2800
CITY: CORONA DEL MAR	ZIP CODE: 92625
CAPACITY: 97	DATE: 01/30/2026
MET WITH: Janette Hill- Executive Director	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Resident left in soiled urine and feces.
2	Pests crawling on resident.
3	Staff not keeping facility free from pests.
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6	
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INVESTIGATION FINDINGS:

1	On January 30, 2026, Licensing Program Analyst (LPA) Jessica Cho made an unannounced subsequent
2	visit for the purpose of continuing the investigation into the above allegations. LPA was greeted by the
3	receptionist and was escorted into the private conference room. Wellness Director Michelle Angcaco and
4	Executive Director Janette Hill later arrived on premise and remained at the facility to assist with the
5	investigation.
6	
7	The investigation is as follows:
8	On September 10, 2021, the Department received the complaint initiated by LPA Sean Haddad on
9	September 16, 2021. During the course of the investigation, LPA Haddad toured the facility and
10	inspected eight resident units. Six staff, six residents, and one witness interviews were conducted, and
11	the following documentation were obtained for review: Resident/Personnel Rosters, Identification and
12	Emergency Information concerning Resident #1 (R1), Death Report for R1, Needs and Services Plan,
13	Caregiver Schedule Report, pest control invoice statements and service summary reports.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Jessica Cho
LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026

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-20210910090047

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: CROWN COVE

FACILITY NUMBER: 306005642

VISIT DATE: 01/30/2026

NARRATIVE

1 Regarding the allegation, Resident left in soiled urine and feces, it is alleged that a female resident and
2 three other residents were left soiled in their feces. Four of six resident interviews indicated satisfaction
3 with the quality of care and confirmed that they are changed as needed and showered regularly. The
4 remaining residents are independent with their Activities of Daily Living (ADLs) or were asleep at the
5 time of the interview. Three of six staff interviewed denied the allegation while the remaining staff were
6 not employed at the time R1 resided at the facility. In an interview with one Witness (W1), there were no
7 incident/charting notes to corroborate the allegation concerning R1.
8

9 Regarding the allegation of Pests crawling on resident, it is alleged that there were "hundreds of ants"
10 crawling on and inside R1's mouth. Two of six staff interviewed who monitored R1 at the time of R1's
11 passing on September 5, 2021, denied observing ants crawling on R1. W1 also indicated that there
12 were no notes or incidents of ants on R1.
13

14 Regarding the allegation, Staff are not keeping facility free from pests, it is alleged that ants were
15 observed around the facility between September 2, 2021 to September 5, 2021. LPA Haddad conducted
16 a tour of the facility and inspected eight resident units in the Assisted Living and Memory Care Units. No
17 ants were observed during the inspection on September 16, 2021. Four of six residents denied
18 observing ants while two of six staff confirmed the presence of ants. The two staff reported the ant
19 issues were in the memory care and was addressed immediately. Based on the review of the 2021 pest
20 control summary reports, facility received alternating monthly or biweekly services. Summary report
21 dated August 25, 2021 at 8:01am, documented treating ants in the interior hallways but no activity was
22 found. Summary report dated September 8, 2021 at 7:55am, the memory care unit was checked for
23 possible activity and treated the exterior perimeter of facility. On September 22, 2021 at 7:47am, there
24 was no activity found per summary report. Although there were evidence of ants noted in the pest
25 control service summary reports, the facility took appropriate action by maintaining ongoing, recurring
26 pest control services.
27

28 Therefore, based on the observations made, interviews which were conducted, and the records that
29 were reviewed, although the allegations may have happened or are valid, there is not a preponderance
30 of evidence to prove the alleged violations did or did not occur, therefore the following allegations:
31 Resident left in soiled urine and feces, Pests crawling on resident, and Staff not keeping facility free
32 from pests are deemed UNSUBSTANTIATED. An exit interview was conducted with Executive Director
Janette Hill, and a copy of this report including the LIC811 were provided at exit.

SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Jessica Cho
LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026