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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005768
Report Date: 05/08/2026
Date Signed: 05/08/2026 09:28:39 AM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 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 **02/17/2026** and conducted by Evaluator Garlli Tat

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260217180342

FACILITY NAME:	SAINT AGNES CARE			**FACILITY NUMBER:**	306005768
ADMINISTRATOR:	LESTER DEL ROSARIO			**FACILITY TYPE:**	740
ADDRESS:	4931 CARTHAGE STREET			**TELEPHONE:**	(657) 258-9152
CITY:	PLACENTIA	**STATE:** CA		**ZIP CODE:**	92870
CAPACITY:	6	**CENSUS:** 6		**DATE:**	05/08/2026
		UNANNOUNCED		**TIME BEGAN:**	08:50 AM
MET WITH:	Lester Del Rosario			**TIME COMPLETED:**	09:44 AM

ALLEGATION(S):

1	Staff is operating facility outside scope of license.
2	Staff force religious practices on residents.
3	Staff does not allow residents to have freedom.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Garlli Tat made an unannounced visit to the facility to deliver the
2	findings on the above allegations. LPA met with the Administrator Lester Del Rosario and explained the
3	purpose of the visit.
4	During the initial investigation, LPA inspected the facility, conducted interviews, reviewed records and
5	obtained pertinent records.
6	
7	The investigation revealed the following:
8	It was alleged that Staff is operating facility outside scope of license. It was alleged that the home is
9	accepting residents below 60 years old. LPA reviewed residents' records such as the appraisal and
10	physician's report. The residents were aged 28 and 37 years old, LPA confirmed residents' compatibility
11	with other residents in care during the visit and that the residents have the same amount of care and
12	supervision as the other residents in the facility.
13	Continued on LIC9099-C.

Unfounded	Estimated Days of Completion:

SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Garlli Tat
LICENSING EVALUATOR SIGNATURE:
DATE: 05/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/08/2026

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

Control Number 22-AS-20260217180342

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: SAINT AGNES CARE **FACILITY NUMBER:** 306005768
VISIT DATE: 05/08/2026

NARRATIVE

Per Title 22 Regulations under **87455 Acceptance and Retention Limitations**, (b)The following persons may be accepted or retained by the licensee: (8) Persons who are under 60 years of age whose needs are compatible with other residents in care, if they require the same amount of care and supervision as do the other residents in the facility.

It was alleged that Staff does not allow residents to have freedom.

It was alleged that the facility does not allow residents to have freedom. Three out of three staff were interviewed and confirmed that residents can leave the facility at any time with their family or with staff supervision. Six out of six residents interviewed stated they could leave the facility with their families and are happy in the facility.

It was alleged that Staff force religious practices on residents.

Three out of three staff interviewed corroborated that residents are not forced to religious practices. Six out of six residents interviewed, including R6 family witness, provided statements that the facility staff do not force them on any religious practices and residents are free to choose any religions.

Based on the evidence gathered, the above allegations are deemed **Unfounded**, meaning that the allegation was false, could not have happened and/or is without a reasonable basis.

An exit interview was conducted with the Administrator and a copy of this LIC9099 report was left at the facility.

SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Garlli Tat
LICENSING EVALUATOR SIGNATURE:
DATE: 05/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/08/2026