

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005780
Report Date: 04/16/2026
Date Signed: 04/16/2026 01:03:42 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 10/19/2022 and conducted by Evaluator Claudia Gutierrez

	COMPLAINT CONTROL NUMBER: 22-AS-20221019153708
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FACILITY NAME: CANDLEBERRY CARE		FACILITY NUMBER: 306005780
ADMINISTRATOR: ROSARIO, ROBERTO DEL		FACILITY TYPE: 740
ADDRESS: 4216 CANDLEBERRY AVE.		TELEPHONE: (949) 290-6006
CITY: SEAL BEACH	STATE: CA	ZIP CODE: 90740
CAPACITY: 6	CENSUS: 5	DATE: 04/16/2026
	UNANNOUNCED	TIME BEGAN: 08:55 AM
MET WITH: Uldarico "Rico" Almiranez		TIME COMPLETED: 01:20 PM
Shellad Yturralde		

ALLEGATION(S):

1	Staff left resident unattended
2	Staff offered resident drugs
3	Staff made inappropriate comments towards resident
4	Staff are not answering facility phone
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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 Licensee Rico Almiranez and
3	explained the purpose of the inspection.
4	
5	Regarding allegation, Staff left resident unattended, the following was revealed: Complaint alleges
6	Resident 1 (R1) was left in the shower unattended for an hour and a half. During the course of the
7	investigation, interviews were conducted with three residents, including R1 and three facility staff. During
8	their interview, R1 stated they were left in the shower unattended "for a long time", however, was unable
9	to indicate approximately how long, and stated they were unsure of where staff was during that time. R1
10	is no longer a facility resident and was discharged on October 17, 2022. Three of three staff employed
11	during the time R1 was a resident have not been employed by the facility in over three years and contact
12	information for three of three staff is no longer available. (Cont. LIC9099-C)
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lourdes Montoya LICENSING EVALUATOR NAME: Claudia Gutierrez LICENSING EVALUATOR SIGNATURE:		DATE: 04/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 04/16/2026

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-20221019153708

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CANDLEBERRY CARE	FACILITY NUMBER: 306005780 VISIT DATE: 04/16/2026
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NARRATIVE	
1	During their interview, two of two current staff denied having any knowledge of any current or former
2	staff leaving a resident unattended. During their interview, Licensee stated R1 was not left in the shower
3	unattended and stated R1 was able to shower independently and would request that staff leave them in
4	the shower in order to have some privacy. Per Licensee, R1 was never left in the shower alone for more
5	than 10 minutes and staff would check on them periodically. One of two current facility residents
6	interviewed denied ever being left unattended and stated staff is responsive to their needs. One of two
7	residents was unable to confirm or deny the allegation.
8	
9	Regarding allegations, Staff offered resident drugs and Staff made inappropriate comments towards
10	resident, the following was revealed: Complaint alleges Staff 2 (S2) offered R1 drugs and that Staff 1
11	(S1) made inappropriate comments to R1. During the course of the investigation, interviews were
12	conducted with three residents, including R1 and three facility staff. During their interview, R1 denied
13	staff ever made inappropriate comments towards them or offered them drugs. S1 and S2 could not be
14	interviewed as they have not been employed by the facility for over three years and contact information
15	for both staff is no longer available. During their interview, two of two current staff denied having any
16	knowledge of any current or former staff offering resident drugs and denied witnessing or having any
17	knowledge of S1 making derogatory towards any resident. During their interview, Licensee denied S2 or
18	any other current or former staff offering R1 or any other resident drugs and denied S1 or any other
19	current or former staff making inappropriate comments toward R1 or any other resident. During their
20	interview, Resident 2 (R2) stated they were acquainted with S1, however, stated they were not
21	acquainted with S2. R2 denied any current or former staff ever offering them drugs and denied S1 or
22	any other current or former staff making inappropriate comments towards them. During their interview,
23	Resident 3 (R3) was unable to confirm or deny the allegations.
24	
25	Regarding allegation, Staff are not answering facility phone, the following was revealed: Complaint
26	alleges Staff do not answer the phone or they hang up. During the course of the investigation, interviews
27	were conducted with three residents and three facility staff. During their interview, R1 stated they had a
28	personal phone while residing at the facility and did not use the facility phone. R1 was unable to confirm
29	or deny if staff would purposely ignore the facility phone or hang up. During their interview, two of two
30	staff denied purposely ignoring the facility phone or hanging up. One of two staff, however, stated that
31	S1 would purposely ignore the facility phone and one of two staff stated S1 would not ignore the phone
32	but were simply busy tending to residents and could not answer the phone. (Cont. LIC9099-C)

SUPERVISORS NAME: Lourdes Montoya LICENSING EVALUATOR NAME: Claudia Gutierrez LICENSING EVALUATOR SIGNATURE:		DATE: 04/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 04/16/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 22-AS-20221019153708

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

7100
ORANGE, CA 92868

FACILITY NAME: CANDLEBERRY CARE

FACILITY NUMBER: 306005780

VISIT DATE: 04/16/2026

NARRATIVE

1 S1 could not be interviewed as they have not been employed by the facility for over three years and
2 contact information for them is no longer available. During their interview, Licensee denied the facility
3 phone being purposely ignored by any current or former staff and denied having any knowledge of any
4 current or former staff hanging up the phone. One of two current facility residents interviewed denied
5 staff not answering the facility phone and stated that in the event they receive a call on the facility
6 phone, staff will bring the phone to them, and they are able to receive the call privately. One of two
7 residents was unable to confirm or deny the allegation.
8
9 Due to allegations being uncorroborated during interviews conducted, the Department is unable to
10 determine if Staff left resident unattended, if Staff offered resident drugs, if Staff made inappropriate
11 comments towards resident, or if Staff are not answering facility phone. Although the above allegations
12 may have happened or are valid, there is not a preponderance of evidence to prove the alleged
13 violations did or did not occur, therefore at this time the above allegations are unsubstantiated.
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15 An exit interview was conducted and copy of this report was provided at the end of the inspection.
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SUPERVISORS NAME: Lourdes Montoya

LICENSING EVALUATOR NAME: Claudia Gutierrez

LICENSING EVALUATOR SIGNATURE:

DATE: 04/16/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/16/2026