

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005798
Report Date: 08/19/2025
Date Signed: 08/19/2025 01:52:43 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 **08/14/2025** and conducted by Evaluator Celine Rodriguez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20250814085623
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FACILITY NAME: PARK VIEW ESTATES	FACILITY NUMBER: 306005798
ADMINISTRATOR: MARIA ARRIAGA	FACILITY TYPE: 740
ADDRESS: 11360 WARNER AVE.	TELEPHONE: (949) 333-3486
CITY: FOUNTAIN VALLEY	STATE: CA ZIP CODE: 92708
CAPACITY: 170	CENSUS: 152 DATE: 08/19/2025
MET WITH: Health and Wellness Director - Hanofi Edogiawerie	UNANNOUNCED TIME BEGAN: 10:36 AM
	TIME COMPLETED: 02:10 PM

ALLEGATION(S):

1	Staff represented themselves as the resident to authorize the bank to issue a check to the facility
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Celine Rodriguez conducted an unannounced 10-day visit to the facility
2	for the complaint and to deliver the findings. LPA Rodriguez explained the purpose of today's visit, and
3	was greeted by Health and Wellness Director (HWD) Hanofi Edogiawerie.
4	
5	During the investigation, LPA Rodriguez toured the physical plant of the facility, conducted interviews,
6	and requested copies of pertinent records reviewed.
7	
8	It was alleged that staff represented themselves as the resident to authorize the bank to issue a check to
9	the facility. LPA interviewed resident 1 (R1) who confirmed that the facility staff does not, nor has not
10	touched any of R1's finances, and provided confirmation that R1's son is the power of attorney (POA)
11	who handles R1's finances.
12	
13	Continued on LIC9099-C...

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Celine Rodriguez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/19/2025

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-20250814085623

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: PARK VIEW ESTATES

FACILITY NUMBER: 306005798

VISIT DATE: 08/19/2025

NARRATIVE

- 1 Interviews with staff, witnesses, and R1 revealed that R1 was scheduled to go to the bank with the Long
- 2 Term Care Ombudsman (LCTO), to assist with withdrawing money to make a payment towards R1's
- 3 rent bill, however the visit to the bank never occurred due to R1 not showing up.
- 4
- 5 Per documentation review, of R1's financial ledger, R1 was admitted to the facility in November 2024,
- 6 and is currently residing at the facility. In addition to the record review of R1's ledger, there were only a
- 7 total of 2 checks issued to the facility from the day of R1's admission date to present day, however, the
- 8 additional checks issued to the facility were never processed due to insufficient funds, or due to the
- 9 payment being stopped or cancelled by the individual who wrote the check, therefore totaling R1's
- 10 current due balance to \$42,774.41.
- 11
- 12 Based on LPA's interviews which were conducted, review of documents obtained, and observations, LPA is unable
- 13 to ascertain if the allegation occurred as reported. Although the allegation may have happened or is valid, there is
- 14 not a preponderance of evidence to prove or refute the alleged violation occurred; therefore, this allegation is
- 15 deemed UNSUBSTANTIATED.
- 16
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- 19 An exit interview was conducted with HWD Edogiawerie.
- 20
- 21 A copy of this report was explained and provided.
- 22
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Celine Rodriguez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/19/2025