

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005798
Report Date: 07/28/2026
Date Signed: 07/28/2026 01:06:46 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMPLAINT INVESTIGATION REPORT	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 10/24/2023 and conducted by Evaluator Cassandra Mikkelson

	COMPLAINT CONTROL NUMBER: 22-AS-20231024170525
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FACILITY NAME: PARK VIEW ESTATES	FACILITY NUMBER: 306005798
ADMINISTRATOR:ROBERT A. JAKINI	FACILITY TYPE: 740
ADDRESS: 11360 WARNER AVE.	TELEPHONE: (949) 333-3486
CITY: FOUNTAIN VALLEY	ZIP CODE: 92708
CAPACITY: 170	DATE: 07/28/2026
	UNANNOUNCED TIME BEGAN: 01:00 PM
MET WITH: Peggy Ulland	TIME COMPLETED: 01:25 PM

ALLEGATION(S):

1	Lack of supervision resulted in resident sustaining an unwitnessed fall
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INVESTIGATION FINDINGS:

1	On 07/28/2026, Licensing Program Analyst (LPA) Mikkelson contacted the licensee via email to deliver final findings regarding a complaint that was received on 10/24/2023.
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4	**Continued on 9099-C page
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Cassandra Mikkelson	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/28/2026

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 2
Control Number 22-AS-20231024170525

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: PARK VIEW ESTATES	FACILITY NUMBER: 306005798
	VISIT DATE: 07/28/2026

NARRATIVE	
1	<u>Lack of supervision resulted in resident sustaining an unwitnessed fall</u>
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3	Based on the information obtained during the course of the investigation, the Department is unable to
4	determine the validity of the allegation listed above. Therefore, the allegation listed is unsubstantiated.
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6	Based on interviews conducted and records reviewed, the preponderance of evidence standards have
7	not been met. Therefore, the above allegations are found to be UNSUBSTANTIATED. A finding that a
8	complaint allegation is unsubstantiated means that, although the allegation may have happened or is
9	valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.
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11	Licensee was advised a copy of this report will be sent via certified mail. Two copies of this report will be
12	sent. The Licensee is to sign and return a copy to the Orange County Regional office.
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