

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005835
Report Date: 12/09/2025
Date Signed: 12/09/2025 03:43:42 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 **05/09/2024** and conducted by Evaluator Alvaro Ramirez Jr.

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20240509142005
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FACILITY NAME: KIRKWOOD ORANGE	FACILITY NUMBER: 306005835
ADMINISTRATOR: ZEHRA SYED	FACILITY TYPE: 740
ADDRESS: 1525 E TAFT AVENUE	TELEPHONE: (714) 282-1409
CITY: ORANGE	ZIP CODE: 92865
CAPACITY: 66	DATE: 12/09/2025
MET WITH: Erin Palposi-Executive Director	UNANNOUNCED TIME BEGAN: 12:48 PM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff are not providing adequate billing services to resident
2	Staff did not ensure resident's sink was not in disrepair
3	Staff inappropriately installed a sensor on resident's door
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Alvaro Ramirez, Jr. conducted an unannounced visit to deliver findings
2	on the above allegations received on May 9, 2024. LPA was greeted and granted entry into the facility
3	and met with Executive Director (ED) Erin Palposi. LPA explained the reason for the visit.
4	
5	This Department has investigated the complaint alleging that staff are not providing adequate billing
6	services to resident. Regarding the allegation the following was revealed: During the course of the
7	interviews six of eight individuals interviewed denied the allegation. During the course of the investigation
8	LPA reviewed documents including the Kirkwood Orange Admission Agreement dated February 16,
9	2024, for Resident 1 (R1). Per Admission Agreement, under Monthly Fee it states Resident will receive
10	monthly a statement itemizing all separate charges incurred by Resident. Per Admission Agreement,
11	under Modification-Rate Increases it states if there is a change in condition, you will begin being charged
12	for the new level of care services immediately. LPA reviewed documents including the Kirkwood Orange
13	monthly statements dated March 2024 through May 2024.
	CONTINUED ON LIC9099-C...

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Alvaro Ramirez Jr.
LICENSING EVALUATOR SIGNATURE:

DATE: 12/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/09/2025

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-20240509142005

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: KIRKWOOD ORANGE

FACILITY NUMBER: 306005835

VISIT DATE: 12/09/2025

NARRATIVE

1 Per monthly statements, it includes the date, description and charged amount. During the interviews
2 with residents, R2-R4 reported that they have not had issues with their billing and/or stated that they are
3 being provided with adequate billing services. During the course of the interviews with staff, Staff 1 (S1)
4 reported that the resident was billed properly for the services she was provided.
5

6 Regarding the allegation that staff did not ensure resident's sink was not in disrepair, the following was
7 revealed: During the initial visit on May 16, 2024, and subsequent visit on November 21, 2025, LPA tour
8 R1's bedroom and observed that the sink was in good repair. During the interviews with residents, R2
9 reported that she has no issues with her sink and stated that maintenance will help quickly if needed.
10 Per R3, the water goes down her sink properly. R4 stated that he has not had issues with his sink and
11 reported that maintenance will assist the residents the same day. During the interviews with staff, S1
12 reported that they have a system where staff can open a ticket for repair/work orders. Per S1, staff
13 always ensure that the residents' sinks are working properly. S3 reported that R1 never complained
14 about her sink being broken or clogged.
15

16 Regarding the allegation that staff inappropriately installed a sensor on resident's door, the following
17 was revealed: During the initial and subsequent visits LPA tour R1's bedroom and did not observe a
18 sensor on the resident's door. During the interviews with residents, R2-R4 reported that they have never
19 seen a sensor on the residents' doors. During the interviews with staff, S1 reported that the facility never
20 installs sensors on the residents' doors. Per S2, she has never seen a sensor on the residents' doors.
21 S3 stated that during the morning rounds that staff notice an aerial alarm/ sensor on the resident's door
22 and reported that the next day the sensor was gone. Per S3, the facility staff did not place the sensor on
23 the resident's door.
24

25 Based on the information gathered during the investigation and review of documents obtained, LPA is
26 unable to ascertain if the allegations occurred as reported due to conflicting information. Although the
27 allegations may have happened or are valid, there is not a preponderance of the evidence to prove or
28 refute the alleged violations occurred; therefore, these allegations are deemed UNSUBSTANTIATED.
29

30 For today's visit, there were no citations issued per Title 22, Division 6 of the California Code of
31 Regulations.
32

LPA conducted an exit interview with ED Palposi, and a copy of this report was provided to the facility.

SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Alvaro Ramirez Jr.
LICENSING EVALUATOR SIGNATURE:

DATE: 12/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/09/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 4

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

COMPLAINT INVESTIGATION REPORT

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ADMINISTRATOR: ZEHRA SYED
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STATE: CA

ZIP CODE: 92865

CAPACITY: 66

CENSUS: 54

DATE: 12/09/2025

MET WITH: Erin Palposi-Executive Director

UNANNOUNCED TIME BEGAN:

12:48 PM

TIME

COMPLETED:

04:00 PM

ALLEGATION(S):

- 1 Staff are mismanaging resident's medication
- 2 Staff are not keeping track of resident's documents
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INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst (LPA) Alvaro Ramirez, Jr. conducted an unannounced visit to deliver findings
- 2 on the above allegations received on May 9, 2024. LPA was greeted and granted entry into the facility
- 3 and met with Executive Director (ED) Erin Palposi. LPA explained the reason for the visit.
- 4
- 5 This Department has investigated the complaint alleging that staff are mismanaging resident's
- 6 medication. Regarding the allegation the following was revealed: During the investigation LPA reviewed
- 7 the Medication Administration Record (MAR) dated February through April 2024, for Resident 1 (R1). Per
- 8 MAR, R1's medications were being given as prescribed. During the interviews with residents, R2
- 9 reported that she gets her medications as prescribed. Per R3, staff manage his medications and reported
- 10 that staff do a good job. During the interviews with staff, Staff 2 (S2) and S3 reported that staff do not
- 11 mismanage the residents' medications.
- 12 CONTINUED on LIC9099-C...
- 13

Unfounded Estimated Days of Completion:

SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Alvaro Ramirez Jr.
LICENSING EVALUATOR SIGNATURE: **DATE:** 12/09/2025

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LIC9099 (FAS) - (06/04) Page: 3 of 4
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COMPLAINT INVESTIGATION REPORT (Cont)
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY NAME: KIRKWOOD ORANGE **FACILITY NUMBER:** 306005835
VISIT DATE: 12/09/2025

NARRATIVE

- 1 Regarding the allegation that staff are not keeping track of resident's documents, the following was
- 2 revealed: During the investigation LPA review the Resident file for R1. LPA observed that the file for R1
- 3 included the following documentation: Admission Agreement, Medical Assessment, Consent Forms,
- 4 Identification and Emergency Information, Preplacement Appraisal Information, MAR, Resident

5 Assessment, maintenance work orders, Resident Personal Rights, Safeguards for Property/Valuables
6 and Cash Resources, and monthly billing statements. During the interviews with residents, R2-R4
7 reported that they have not had issues with their documents and/or reported that their Responsible Party
8 (RP) received a copy of their records. During the interviews with staff, S2 reported that staff keep
9 accurate track of the resident documents. Per S3, staff provided R1's RP with all documentation
10 requested.

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12 Therefore, the allegations are deemed UNFOUNDED, meaning the allegations are false, could not have
13 happened and/or are without a reasonable basis.

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15 LPA Ramirez conducted an exit interview with ED Palposi and a copy of this report was provided to the
16 facility.

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