

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005974
Report Date: 08/25/2026
Date Signed: 08/25/2026 10:11:21 AM

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 **07/31/2026** and conducted by Evaluator RoseMarie Ruppert

	COMPLAINT CONTROL NUMBER: 22-AS-20260731160501
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FACILITY NAME:	LA HABRA PLAZA	FACILITY NUMBER:	306005974
ADMINISTRATOR:	DIA, GERALD	FACILITY TYPE:	740
ADDRESS:	2630 RAINIER WAY	TELEPHONE:	(562) 905-0034
CITY:	LA HABRA	ZIP CODE:	90631
CAPACITY:	6	DATE:	08/25/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	08:15 AM
	CENSUS: 5	TIME	
MET WITH:	Administrator (AD) Gerald Dia	COMPLETED:	10:30 AM

ALLEGATION(S):

1	Staff handle resident in a rough manner
2	Staff are mismanaging medication
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rose Ruppert made an unannounced subsequent complaint visit to
2	deliver findings for the above allegations. LPA was greeted and granted entry by staff at 8:15am. LPA met
3	with Administrator (AD) Gerald Dia and explained the purpose of the visit.
4	
5	LPA reviewed the following documents for Resident #1 (R1): Medical Assessment dated 6/10/2026,
6	Admissions Agreement signed and dated 6/11/2026, Letter of Agreement, Pre-Appraisal, Appraisal
7	Needs and Services Plan, Facility Progress Notes and Medication Administration Records for July and
8	August 2026.
9	Resident #1 (R1) moved into the facility on 6/13/2026 per Admissions Agreement, into a shared room. R1
10	has a diagnosis of Congestive Heart Failure, Hypertension, Type 2 Diabetes, a history of Cerebral
11	Vascular Accidents and Traumatic Brain Injury. R1 is non-ambulatory and uses a wheelchair; due to
12	partial paralysis on one side of the body, and requires assistance with medications and Activities of Daily
13	Living.
	(Continued on LIC 9099-C)

Unsubstantiated**Estimated Days of Completion:****SUPERVISORS NAME:** Alisa Ortiz**LICENSING EVALUATOR NAME:** RoseMarie Ruppert**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/25/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/25/2026**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-20260731160501

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**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:** LA HABRA PLAZA**FACILITY NUMBER:** 306005974**VISIT DATE:** 08/25/2026**NARRATIVE**1 (Continued from LIC 9099)
23 It was alleged that Staff handle resident in a rough manner. On the evening of 7/10/2026 at 9:30pm,
4 Resident #1(R1) repeatedly rang a bell for assistance. Per Progress Notes, Staff #1 (S1) entered R1's
5 room and retrieved a remote control that was out of reach for R1. A second time R1 asked S1 to
6 straighten the bed sheets. Upon S1 leaving the room, R1 slammed the door. A few minutes later, S1
7 returned to R1's bedroom to inquire what was wrong and if there was anything else needed and R1
8 began to yell expletives at the staff member. R1 then came towards S1 with the wheelchair, still yelling,
9 and punched R1 in the lower abdomen. LPA obtained photos from the staff member, showing bruising
10 on the lower abdomen. R1 then backed away, grabbed a Gatorade bottle and threw it at the staff
11 member.
1213 Per Progress Notes, Staff #2 (S2) was in the bathroom and overheard the exchange. S2 attempted to
14 calm R1. R1 notified the police and four La Habra Police Department (PD) officers arrived at 9:45pm.
15 PD interviewed R1 and the staff. S1 showed PD where R1 had hit the staff member. PD asked staff if S1
16 needed to be assessed at Emergency Room or wanted to press charges and S1 declined. Officers
17 stated R1 did not want contact with S1 but that the incident was resolved and no further action was
18 needed.
1920 LPA requested two of two staff files which include: Personnel Record, Health Screening and Training
21 Documentation. Staff trainings are current and included topics such as: Personal Rights, Medication,
22 Agitation, and Elder Abuse Reporting. There were no employee action forms on file. LPA also
23 interviewed three of four staff members. One staff member had recently began working at the facility and
24 could not confirm nor deny the allegation. Three of four staff members denied the allegation and stated it
25 was the resident who hit the staff member. Staff documented the incident and AD changed the staff
26 schedule so that S1's work duties did not have contact with R1. Per interviews, R1 also apologized to
27 the staff member several weeks later and S1 is now able to assist R1 with any needs. Thus the
28 allegation that Staff handle resident in a rough manner is Unsubstantiated.
2930 LPA investigated the allegation that Staff are mismanaging medication. LPA audited R1's medications
31 and obtained Medication Administration Records for July and August 2026. Per review, medications are
32 being given as prescribed. LPA inquired if there were any instances where the wrong medication was
provided; which caused R1 to have loose stools. Three of four staff interviewed denied this occurred. In
May 2026, the
(Continued on LIC 9099-C1)**SUPERVISORS NAME:** Alisa Ortiz**LICENSING EVALUATOR NAME:** RoseMarie Ruppert**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/25/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/25/2026

