

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006040

Report Date: 01/07/2026

Date Signed: 01/07/2026 03:45:03 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 **05/28/2024** and conducted by Evaluator Alvaro Ramirez Jr.

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20240528112916
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FACILITY NAME: CLEARWATER AT NORTH TUSTIN	FACILITY NUMBER: 306006040
ADMINISTRATOR: JENNIFER KORNMANN	FACILITY TYPE: 740
ADDRESS: 11901 & 11905 NEWPORT AVENUE	TELEPHONE: (714) 656-9200
CITY: SANTA ANA	STATE: CA
CAPACITY: 124	ZIP CODE: 92705
MET WITH: Jennifer Kornmann-Administrator	CENSUS: 112
	DATE: 01/07/2026
	UNANNOUNCED TIME BEGAN: 08:20 AM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff neglect led to resident sustaining pressure injuries
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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 allegation received on May 28, 2024. LPA was greeted and granted entry into the facility
3	and met with Administrator (AD) Jennifer Kornmann. LPA explained the reason for the visit.
4	
5	This Department has investigated the complaint alleging that staff neglect led to resident sustaining
6	pressure injuries. Regarding the allegation the following was revealed: During a follow up visit on May 16,
7	2024, the Primary Care Physician (PCP) for R1 noticed skin breakdown to right hip. On May 16, 2024,
8	PCP ordered Wound Care. During the course of the interviews with the PCP, the PCP stated that in May
9	he noticed a shallow hip and requested Home Health care for a Pressure Injury 2. Per PCP, the pressure
10	injury was not due to neglect. During the investigation LPA reviewed the Physical and Occupational
11	therapy visits dated April and May 2024 for R1. Per email dated May 17, 2024, the PCP ordered an egg
12	cushion for bed and sheepskin for chair to help alleviate pressure on hip.
13	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: 01/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/07/2026

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-20240528112916

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: CLEARWATER AT NORTH TUSTIN

FACILITY NUMBER: 306006040

VISIT DATE: 01/07/2026

NARRATIVE

1 During the course of the interviews with staff, Staff 3 (S3) reported that R1 is repositioned every two
2 hours and stated that R1 favored positioning back to his right side. Per S4, R1 did not develop a
3 pressure injury due to staff neglect. S5 stated that R1 did not develop pressure injuries due to lack of
4 care or staff neglect.

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6 Based on the information gathered during the investigation and review of documents obtained, LPA is
7 unable to ascertain if the allegation occurred as reported due to conflicting information. Although the
8 allegation may have happened or is valid, there is not a preponderance of the evidence to prove or
9 refute the alleged violation occurred; therefore, this allegation is deemed UNSUBSTANTIATED.

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

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14 LPA conducted an exit interview with AD Kornmann, and a copy of this report was provided to the facility.
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SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Alvaro Ramirez Jr.
LICENSING EVALUATOR SIGNATURE:

DATE: 01/07/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/07/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 6

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COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
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COMPLAINT INVESTIGATION REPORT

PUBLIC

COMPLAINT CONTROL NUMBER: 22-AS-20240528112916

FACILITY NAME: CLEARWATER AT NORTH TUSTIN

FACILITY NUMBER: 306006040

ADMINISTRATOR:JENNIFER KORNMANN

FACILITY TYPE: 740

ADDRESS: 11901 & 11905 NEWPORT AVENUE

TELEPHONE: (714) 656-9200

CITY: SANTA ANA

STATE: CA

ZIP CODE: 92705

CAPACITY: 124

CENSUS: 112

DATE: 01/07/2026

UNANNOUNCED TIME BEGAN: 08:20 AM

MET WITH: Jennifer Kornmann-Administrator

TIME COMPLETED: 04:00 PM

ALLEGATION(S):

- 1 Staff did not meet resident's medical needs
- 2 Staff did not allowed resident access to telephone
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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 28, 2024. LPA was greeted and granted entry into the facility
 3 and met with Administrator (AD) Jennifer Kornmann. LPA explained the reason for the visit.
 4
 5 This Department has investigated the complaint alleging that staff did not meet resident's medical needs.
 6 Regarding the allegation the following was revealed: During the investigation LPA reviewed documents
 7 including the Clearwater at North Tustin progress notes dated October 24, 2023, for Resident 1 (R1). Per
 8 progress notes, it states Doctor removed staples from wound on top of head. Per progress notes,
 9 resident tolerated well, daughter and Power of Attorney (POA) notified. During the course of the
 10 interviews with residents, R1 reported that staff are helpful. During the course of the interviews with staff,
 11 Staff 5 (S5) reported that the Primary Care Physician (PCP) came to the facility and removed the staples
 12 for R1. During the course of the interviews with witnesses, Witness 1 (W1) stated that the staples were
 13 removed timely.

CONTINUED ON LIC9099-C...

Unfounded

Estimated Days of Completion:

SUPERVISORS NAME: Sheila Santos

LICENSING EVALUATOR NAME: Alvaro Ramirez Jr.

LICENSING EVALUATOR SIGNATURE:

DATE: 01/07/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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LIC9099 (FAS) - (06/04)

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ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CLEARWATER AT NORTH TUSTIN

FACILITY NUMBER: 306006040

VISIT DATE: 01/07/2026

NARRATIVE

- 1 Per W1, he always sees staff working hard.
- 2
- 3 Regarding the allegation that staff did not allowed resident access to telephone, the following was
- 4

5 revealed: During the investigation LPA reviewed documents including the Clearwater at North Tustin
6 Admission Agreement dated October 28, 2022, for R1. Per Admission Agreement, under Statement of
7 Residents' Personal Rights it states residents to have reasonable access to telephones, to both make
8 and receive confidential calls. During the course of the interviews with residents, R1 reported that he
9 can use the telephone at anytime. During the course of the interviews with staff, S1 through S5 reported
10 that staff always pass the telephone calls to the residents and/or stated that the residents always have
11 access to the telephone. Regarding the statement that facility is understaffed, LPA reviewed documents
12 including the Clearwater at North Tustin staff schedule dated May 2024. Per staff schedule, on average
13 there are four Caregivers and one Medication Technician (MT) for the morning and evening shifts and
14 two Caregivers and one MT for the night shift for 32 residents in care.

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

19 LPA Ramirez conducted an exit interview and a copy of this report was provided to the facility.
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SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Alvaro Ramirez Jr.
LICENSING EVALUATOR SIGNATURE: **DATE:** 01/07/2026

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FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 01/07/2026

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CAPACITY: 124	CENSUS: 112 DATE: 01/07/2026
	UNANNOUNCED TIME BEGAN: 08:20 AM
MET WITH: Jennifer Kornmann-Administrator	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff did not meet resident's diapering needs
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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 allegation received on May 28, 2024. LPA was greeted and granted entry into the facility
 3 and met with Administrator (AD) Jennifer Kornmann. LPA explained the reason for the visit.
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 5 This Department has investigated the complaint alleging that staff did not meet resident's diapering
 6 needs. Regarding the allegation the following was revealed: During the investigation LPA reviewed
 7 documents including the Clearwater at North Tustin assignments dated February 2024 and April 2024.
 8 Per assignment schedule, Resident 1 (R1) was assisted with incontinence care two times during the
 9 morning, evening and night shifts. During the course of the interviews with residents, R1 reported that he
 10 does not need assistance with incontinent care. During the course of the interviews with staff, Staff 1 (S1)
 11 through S5 reported that they have never seen a resident being left in a soaked diaper and/or stated that
 12 the diapers get changed every two to three hours or as needed.
 13 CONTINUED ON LIC9099-C

Unsubstantiated	Estimated Days of Completion:
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 LIC9099 (FAS) - (06/04) Page: 5 of 6

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