

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006040
Report Date: 08/11/2026
Date Signed: 08/11/2026 09:45:00 AM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 08/03/2026 and conducted by Evaluator Andrea Mendivil

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260803134123
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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	ZIP CODE:	92705
CAPACITY:	124	DATE:	08/11/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	08:30 AM
	CENSUS: 116	TIME	
MET WITH:	Jennifer Kornmann - Executive Director	COMPLETED:	10:00 AM

ALLEGATION(S):

1	Staff are not ensuring residents personal information is kept confidential
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INVESTIGATION FINDINGS:

1	On this day, Licensing Program Analyst (LPA) Andrea Mendivil made an unannounced visit to conduct a complaint investigation. LPA was greeted and granted entry into the facility and explained the reason for the visit.
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5	The Department received the complaint on August 3, 2026. During today's visit LPA Mendivil toured both
6	Assisted Living and Memory Care as well as interviewed staff. Regarding the allegation Staff are not
7	ensuring residents personal information is kept confidential, the investigation revealed the following:
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9	It was alleged that the staff are not ensuring resident's personal information is kept confidential as there
10	was a ring camera placed in both medication rooms. LPA observed a camera placed at the far left of the
11	ceiling in the assisted living medication room, LPA also observed a sign advising that a camera is present
12	in the room.
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: Andrea Mendivil	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/11/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/11/2026

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-20260803134123

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CLEARWATER AT NORTH TUSTIN	FACILITY NUMBER: 306006040
	VISIT DATE: 08/11/2026

NARRATIVE	
1	LPA observed a camera placed in a similar spot in the memory care medication room. LPA toured the
2	facility and observed no additional cameras in common areas.
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4	LPA Mendivil along with Maintenance Director Alex Mora viewed the live camera stream. LPA confirmed
5	the video stream does not contain audio recordings. LPA confirmed with Executive Director Jennifer
6	Kornmann that only management has access to view the cameras. While viewing the cameras LPA was
7	not able to observe any identifiable resident information.
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9	Therefore based on the preponderance of evidence through observations and interviews the allegation
10	Staff are not ensuring residents personal information is kept confidential is determined to be
11	UNFOUNDED, meaning that the allegations were false, could not have happened and/or is without a
12	reasonable basis.
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14	An exit interview was conducted and a copy of this report was provided.
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LICENSING EVALUATOR NAME: Andrea Mendivil	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/11/2026
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