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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006071
Report Date: 07/28/2026
Date Signed: 07/28/2026 11:13:00 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES 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 **03/08/2022** and conducted by Evaluator Cassandra Mikkelson

	COMPLAINT CONTROL NUMBER: 22-AS-20220308100503

FACILITY NAME:	PALMS RETIREMENT CENTER			**FACILITY NUMBER:**	306006071
ADMINISTRATOR:	BARRIENTOS, ELEANOR			**FACILITY TYPE:**	740
ADDRESS:	312 N ROOSEVELT AVE			**TELEPHONE:**	(626) 353-4710
CITY:	FULLERTON	**STATE:** CA		**ZIP CODE:**	92832
CAPACITY:	144	**CENSUS:**		**DATE:**	07/28/2026
		UNANNOUNCED		**TIME BEGAN:**	11:00 AM
MET WITH:				**TIME COMPLETED:**	11:20 AM

ALLEGATION(S):

1	Staff denied resident from receiving medical care
2	Staff denied giving resident medication
3	Staff denied resident a phone call
4	Staff denied residents rights to choose a roommate
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INVESTIGATION FINDINGS:

1	On 07/28/2026, Licensing Program Analyst (LPA) Mikkelson contacted the licensee via email to deliver
2	final findings regarding a complaint that was received on 03/08/2022.
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4	** Continued on 9099- C page
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Unsubstantiated	**Estimated Days of Completion:**

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.

Control Number 22-AS-20220308100503

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: PALMS RETIREMENT CENTER **FACILITY NUMBER:** 306006071
VISIT DATE: 07/28/2026

NARRATIVE

Staff denied resident from receiving medical care

Based on the information obtained during the course of the investigation, the Department is unable to determine the validity of the allegation listed above. Therefore, the allegation listed is unsubstantiated.

Staff denied giving resident medication

Based on the information obtained during the course of the investigation, the Department is unable to determine the validity of the allegation listed above. Therefore, the allegation listed is unsubstantiated.

Staff denied resident a phone call

Based on the information obtained during the course of the investigation, the Department is unable to determine the validity of the allegation listed above. Therefore, the allegation listed is unsubstantiated.

Staff denied residents rights to choose a roommate

Based on the information obtained during the course of the investigation, the Department is unable to determine the validity of the allegation listed above. Therefore, the allegation listed is unsubstantiated.

Based on interviews conducted and records reviewed, the preponderance of evidence standards have not been met. Therefore, the above allegations are found to be UNSUBSTANTIATED. A finding that a complaint allegation is unsubstantiated means that, although the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.

Licensee was advised a copy of this report will be sent via certified mail. Two copies of this report will be sent. The Licensee is to sign and return a copy to the Orange County Regional office.

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