

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006116
Report Date: 07/31/2026
Date Signed: 07/31/2026 09:32:30 AM

Unsubstantiated

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 05/04/2026 and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20260504105402
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FACILITY NAME:	FLOWERS FAMILY CARE	FACILITY NUMBER:	306006116
ADMINISTRATOR:	MARTINEZ, JONATHAN	FACILITY TYPE:	740
ADDRESS:	1009 W 20TH ST.	TELEPHONE:	(949) 274-0634
CITY:	SANTA ANA	ZIP CODE:	92706
CAPACITY:	6	DATE:	07/31/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	07:50 AM
	CENSUS: 3	TIME	09:00 AM
MET WITH:	Jonathan Martinez	COMPLETED:	

ALLEGATION(S):

1	Staff do not provide adequate supervision to resident, resulting in multiple unobserved falls
2	Staff do not follow resident's care plan
3	Staff do not ensure resident intakes adequate fluids, resulting in mild dehydration
4	Staff do not meet resident's hygiene needs
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to deliver findings on the above allegations. LPA was greeted and granted entry into the facility and explained the reason for the visit.
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4	During the course of the investigation, LPA toured the facility and interviewed staff, resident and witnesses as well as reviewed and obtained pertinent documentation such as hospice records.
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6	Regarding the allegation that Staff do not provide adequate supervision to resident, resulting in multiple unobserved falls, the investigation revealed the following: Per physician report dated 04/22/2026,
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8	Resident 1 (R1) is at increased risk of falls due to weakness and impaired balance and is diagnosed with Dementia. R1 admitted into hospice care on 02/12/2026. Two out of two staff state resident had a fall in
9	which the resident was sent out to the hospital resulting in no injuries. The department is in receipt of an incident report dated 05/05/2025 outlining the incident. Administrator indicates R1 has slid onto the floor
10	from the bed with no injuries noted and staff deny other falls. Three out of three staff state checking on
11	facility
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13	CONTINUED ON LIC 9099C DATED 07/31/2026

Unsubstantiated	Estimated Days of Completion: 30
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: Kimberly Lyman	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/31/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/31/2026

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-20260504105402

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: FLOWERS FAMILY CARE	FACILITY NUMBER: 306006116
	VISIT DATE: 07/31/2026

NARRATIVE	
1	residents constantly and Administrator indicates an expectation of hourly checks. Resident interviewed confirmed staff are attentive to needs. Regarding the allegation that staff do not follow resident's care plan, the investigation revealed the following: R1 is equipped with a glucose monitoring device. Staff indicate monitoring and inserting the device. Facility was cited on 05/08/2026 for having a non-skilled staff inserting the device. Staff state checking the blood sugar on the device app and advising hospice of the reading daily. LPA obtained documentation of the readings. Staff indicate family requested this process and LPA is unable to find any written order requesting the reading from hospice or a physician. Regarding the allegation that staff do not ensure resident intakes adequate fluids, resulting in mild dehydration, the investigation revealed the following: Three out of three staff state water and fluids are offered to all residents. Facility staff cannot force a resident to drink but only encourage. LPA observed residents with water cups at meal time and staff encouraging hydration. Regarding the allegation that staff do not meet resident's hygiene needs, the investigation revealed the following: Interview with hospice bath aide indicated resident has been receiving baths three times a week from hospice for a couple months. The bath aide stated that when the service commenced, the fungal infection was already being treated and has since cleared. Facility staff state baths were being given and the infection was reported and treated once it was discovered. Hospice narrative indicate the resident was treated with Nystatin for 14 days and the infection was resolved. Due to conflicting information, LPA is unable to corroborate allegations. Therefore, the allegations are deemed unsubstantiated, meaning that although the allegations may have happened or are valid, there is not a preponderance of the evidence to prove that the alleged violation occurred. An exit interview was conducted and a copy of this report was provided.
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