

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006149
Report Date: 08/21/2026
Date Signed: 08/21/2026 11:38:54 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 **07/06/2026** and conducted by Evaluator Andrea Mendivil

	COMPLAINT CONTROL NUMBER: 22-AS-20260706165624
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FACILITY NAME: CARE CONNECTION		FACILITY NUMBER: 306006149
ADMINISTRATOR: GILBERT, ERIC		FACILITY TYPE: 740
ADDRESS: 416 S JENNIFER LANE		TELEPHONE: (714) 289-2273
CITY: ORANGE	STATE: CA	ZIP CODE: 92869
CAPACITY: 6	CENSUS: UNANNOUNCED	DATE: 08/21/2026
MET WITH: Eric Gilbert - Licensee		TIME BEGAN: 10:45 AM
		TIME COMPLETED: 11:50 AM

ALLEGATION(S):

1	The facility is not assisting resident with medication
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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 by staff and explained the reason for the visit. The Department received the complaint on July 7, 2026 and the initial 10 day visit on July 15, 2026. LPA Mendivil interviewed staff and resident as well as collected documents such as Medication Administrator Records for March - July 2026, medication list, and physician's orders for Resident 1 (R1). Regarding the allegation that facility is not assisting resident with medication the investigation revealed the following : Resident 1 (R1) was admitted to the facility on September 30th, 2025 after a hospital stay. R1 has a diagnosis of dementia , afib, and chronic diastolic congestive heart failure based on Physician's Report dated September 25, 2025. When R1 arrived at the facility in September 2025 their medication list included Amiodarone 200mg 1tab once daily. Amiodarone was also on a medication list dated October 10, 2025 for 200 mg 1tab once daily
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: Andrea Mendivil	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/21/2026

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-20260706165624

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CARE CONNECTION	FACILITY NUMBER: 306006149
	VISIT DATE: 08/21/2026

NARRATIVE	
1	R1 was enrolled with hospice in October 2025 with Grand Hospice which was discontinued shortly after
2	enrollment. It was then reported R1 was enrolled Cinta Hospice in November, per medication list in
3	November 2025 it listed amiodarone 200 mg 1 tab per day. On May 26, 2026 Cinta Hospice's Dr
4	advised R1's family and facility that R1 would be discharged from hospice effective on June 25, 2026.
5	Per review of documents R1's hospice was terminated on May 26, 2026 by R1's responsible party which
6	left R1 without a prescribing physician. On June 1, 2026 R1 was assigned to Mobile Care Medical
7	Group and a physician assistant conducted an evaluation. During the evaluation R1's medication list
8	was reconciled by Mobile Care Medical Group on June 1, 2026, which lists Amiodarone 200mg 1 tab
9	once daily. On June 18 th , 2026, a prescription is dropped off with the label for Amiodarone 200mg ½ tab
10	once daily. Facility nurse attempted to reconcile the medication as it did not match the prescription of
11	200mg 1 tab once daily. During this time the facility was then informed via email that the prescription for
12	Amiodarone had been updated by R1's cardiologist in November 2025 to Amiodarone 100mg once daily
13	. It was reported by the facility that they did not receive the discharge paperwork or new prescription
14	from R1 or R1's responsible party in November 2025. The facility nurse was able to obtain the correct
15	prescription from R1's cardiologist on June 26, 2026 and R1 was given medications as prescribed.
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17	LPA also reviewed Medication Administration records for the months of May, June and July and
18	medications appeared to be given as prescribed. Facility Administrator Eric Gilbert and facility nurse
19	both deny the allegation that the facility was not assisting R1 with their medications as they attempted to
20	provide R1 with the correct dosage.
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22	Therefore based on the preponderance of evidence through records reviewed and interviews the
23	allegation that the facility is not assisting a resident with medication is determined to be
24	UNSUBSTANTIATED, meaning although the allegations may have happened or are valid, there is not a
25	preponderance of the evidence to prove or refute the alleged violations occurred.
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27	An exit interview was conducted and a copy of this report was provided along with LIC 811 - Confidential
28	Names List.
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: Andrea Mendivil	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/21/2026
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