

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006198
Report Date: 08/28/2025
Date Signed: 08/28/2025 02:53:49 PM

Unfounded

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 **08/26/2025** and conducted by Evaluator Joseph Alejandro

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20250826093143
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FACILITY NAME: CRESTAVILLA	FACILITY NUMBER: 306006198
ADMINISTRATOR: MYRA ARAGONES	FACILITY TYPE: 740
ADDRESS: 30111 NIGUEL RD	TELEPHONE: (949) 844-5997
CITY: LAGUNA NIGUEL	STATE: CA ZIP CODE: 92677
CAPACITY: 250	CENSUS: 191 DATE: 08/28/2025
MET WITH: Paola Carrillo, Deserie Rodillo	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff did not get timely medical care for resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2	10-day visit to begin the investigation into the allegation listed above. LPA met with Hospitality Services
3	Director Paolla Carrillo and Assisted Living Director Deserie Rodillo. LPA explained the reason for the
4	visit. LPA toured the facility. LPA interviewed staff and residents. LPA requested documents such as
5	admission agreements, physician reports, needs and care plans, medication administration records,
6	resident progress notes, resident roster, staff roster and staff schedule. The investigation into the
7	allegation, staff did not get timely medical care for resident revealed the following. It was reported that
8	Resident 1 (R1) sustained an injury that required medical attention. On August 3, 2025 in the afternoon,
9	R1 was noted to have an injury on each forearm. Resident 2 (R2) noticed the injuries and took R1 to the
10	Wellness office. The Resident Care Coordinator (RCC) assessed R1 and determined that the only
11	injuries were 2 skin tears, one on each forearm. The RCC administered first aid. The RCC reported that
12	R1 reported no pain and could not remember how the injuries occurred..
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Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2025

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 7

Control Number 22-AS-20250826093143

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: CRESTAVILLA

FACILITY NUMBER: 306006198

VISIT DATE: 08/28/2025

NARRATIVE

1 The RCC contacted R1's responsible party and primary care physician (PCP). The PCP arranged for a
2 Home Health visit which took place on August 12, 2025. The Home Health notes show both wounds are
3 closed with no sign of infection. The Home Health notes describe the injuries as skin tears. The RCC
4 reported that the injuries were cleaned daily and bandaged daily. LPA interviewed R1, R1 did not recall
5 the incident and reported they did not fall recently. LPA interviewed R2 who reported there was no blood
6 on R1's clothing and there minimal blood on the skin tears. The RCC reported that R1 only required first
7 aid and because no pain was reported and no other injuries were noted it wasn't necessary to call 911.
8 The RCC reported that R1 was not nervous or displaying any signs of distress. Based on the evidence
9 gathered the allegation, staff did not get trimly medical care for resident is deemed unfounded, meaning
10 that the allegation was false, could not have happened and/or is without a reasonable basis. An exit
11 interview was conducted and a copy of the report provided.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 7

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/26/2025** and conducted by Evaluator Joseph Alejandro

PUBLIC**COMPLAINT CONTROL NUMBER: 22-AS-20250826093143****FACILITY NAME:** CRESTAVILLA**FACILITY NUMBER:** 306006198**ADMINISTRATOR:** MYRA ARAGONES**FACILITY TYPE:** 740**ADDRESS:** 30111 NIGUEL RD**TELEPHONE:** (949) 844-5997**CITY:** LAGUNA NIGUEL**STATE:** CA**ZIP CODE:** 92677**CAPACITY:** 250**CENSUS:****DATE:** 08/28/2025**MET WITH:** Paola Carrillo, Deserie Rodillo**UNANNOUNCED TIME BEGAN:** 10:00 AM**TIME COMPLETED:** 03:00 PM**ALLEGATION(S):**

- | | |
|---|--|
| 1 | Due to lack of supervision, resident fell sustaining an injury |
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INVESTIGATION FINDINGS:

- | | |
|----|--|
| 1 | Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required |
| 2 | 10-day visit to begin the investigation into the allegation listed above. LPA met with Hospitality Services |
| 3 | Director Paola Carrillo and Assisted Living Director Deserie Rodillo. LPA explained the reason for the |
| 4 | visit. LPA and the Executive Director toured the facility. LPA interviewed staff. LPA requested documents |
| 5 | such as admission agreements, physician reports, needs and care plans, medication administration |
| 6 | records, resident progress notes, resident roster, staff roster and staff schedule. The investigation into the |
| 7 | allegation, due to lack of supervision, resident fell sustaining an injury. It was reported that due to a lack |
| 8 | of supervision R1 sustained a injury because of a fall on August 3, 2025. R1 did have 2 skin tears on |
| 9 | their forearms. R1 could not recall how they sustained their injuries. Staff performed first aid on R1 but |
| 10 | did not witness any incidents concerning R1 and how they sustained their injuries. R2 brought R1 to the |
| 11 | Wellness office because they saw R1's injuries but they did not see how they occurred. R1 reported no |
| 12 | pain and could not provide any details as to how they were injured. The facility does not have any indoor |
| 13 | video surveillance. Staff interviewed were unaware of any incidents of R1 falling on August 3, 2025. |

Unsubstantiated**Estimated Days of Completion:****NAME OF LICENSING PROGRAM MANAGER:** Sheila Santos**NAME OF LICENSING PROGRAM ANALYST:** Joseph Alejandro**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 08/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/28/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 3 of 7

Control Number 22-AS-20250826093143**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** CRESTAVILLA**FACILITY NUMBER:** 306006198**VISIT DATE:** 08/28/2025

NARRATIVE

1 No evidence was gathered to support the allegation. Therefore the allegation is deemed
2 unsubstantiated. Although the allegation may have happened or is valid, there is no preponderance of
3 evidence to prove the alleged violation did or did not occur. An exit interview was conducted and a copy
4 of the report provided.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/28/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2025

LIC9099 (FAS) - (06/04)

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CITY: LAGUNA NIGUEL

STATE: CA

ZIP CODE: 92677

CAPACITY: 250

CENSUS:

DATE: 08/28/2025

MET WITH: Paola Carrillo, Deserie Rodillo

UNANNOUNCED TIME BEGAN:

10:00 AM

TIME COMPLETED:

03:00 PM

ALLEGATION(S):

1 Staff did not provide an incident report to authorized representatives
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2 10-day visit to begin the investigation into the allegation listed above. LPA met with Hospitality Services
3 Director Paola Carrillo and Assisted Living Director Deserie Rodillo. LPA explained the reason for the
4 visit. LPA and the Executive Director toured the facility. LPA interviewed staff. LPA requested documents
5 such as admission agreements, physician reports, needs and care plans, medication administration
6 records, resident progress notes, resident roster, staff roster and staff schedule. The investigation into the
7 allegation, staff did not provide an incident report to authorized representatives revealed the following. It
8 was reported that Resident 1 (R1) suffered injuries on August 3, 2025. The Resident Care Coordinator
9 (RCC) and Resident 2 (R2) verified that R1 did have 2 skin tears one on each forearm on August 3,
10 2025. The RCC reported they applied first aid and called the responsible party and the primary care
11 physician. (PCP) for R1. R1's responsible party verified they received the call about R1 having injuries on
12 August 3, 2025. The Assisted Living Director reported that they sent an email report to the responsible
13 party on August 12, 2025. LPA received a copy of the email verifying the facility did provide a

Substantiated

Estimated Days of Completion:

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NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/28/2025

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CRESTAVILLA

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VISIT DATE: 08/28/2025

NARRATIVE

1 a written report to the responsible party concerning R1's injuries. California Code of Regulation (CCR)
2 Title 22, Division 6, 87211(a)(1) states, "A written report shall be submitted to the licensing agency and
3 to the person responsible for the resident within seven days of the occurrence of any of the events
4 specified in (A) through (D) below." R1 received first aid for their injuries on their forearms so this
5 incident qualifies under CCR Title 22, Division 6 87211(a)(1)(D) which states, "Any incident which
6 threatens the welfare, safety or health of any resident". The incident involving R1 took place on August
7 3, 2025 and the facility did not report the incident in writing until August 12, 2025, 9 days later. A record
8 review of incidents reports submitted to the Agency from the facility for the month of August 2025 show
9 the facility did not report the incident to the Agency. Based on the evidence gathered, the
10 preponderance of evidence standard has been met, therefore the allegation is substantiated.
11 Deficiencies are being cited per Title 22, Division 6 of the California Code of Regulations (CCR). An exit
12 interview was conducted and a copy of the report provided along with appeal rights.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandre
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 08/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 08/28/2025

Citations on this Visit Report are Under Appeal!

Control Number 22-AS-20250826093143

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FACILITY NAME: CRESTAVILLA

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/28/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Under Appeal Type B 09/08/2025 Section Cited CCR 87211(a)(1)(D)	1 87211(a)Each licensee shall furnish to 2 the licensing agency ...(1)A written 3 report shall be submitted to the 4 licensing agency and to the person 5 responsible within seven days... (D)Any 6 incident which threatens the welfare, 7 safety or health of any resident... This requirement is not met as evidenced by:	1 Licensee agrees to train staff who 2 submit incident reports to the Agency 3 on CCR 87211 and to provide proof of 4 training to LPA by POC due date. 5 6 7
	8 The Licensee did not submit a written 9 report for R1's incident that took place 10 on August 3, 2025, to the responsible 11 party and the Licensing Agency within 12 seven days, which poses a potential 13 health, safety and personal rights risk to 14 residents.	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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