

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006204
Report Date: 07/24/2026
Date Signed: 07/24/2026 09:25:11 AM

Unsubstantiated

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 06/01/2026 and conducted by Evaluator Garlli Tat

	COMPLAINT CONTROL NUMBER: 22-AS-20260601123502
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FACILITY NAME:	WILLOW VIEW GARDENS MEMORY CARE & ASSISTED LIVING	FACILITY NUMBER:	306006204
ADMINISTRATOR:	ESPINAL, ALMA	FACILITY TYPE:	740
ADDRESS:	2025 N BUSH ST	TELEPHONE:	(714) 541-3357
CITY:	SANTA ANA	ZIP CODE:	92706
CAPACITY:	130	DATE:	07/24/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	08:45 AM
	CENSUS: 105	TIME	09:40 AM
MET WITH:	Erick Gonzalez	COMPLETED:	

ALLEGATION(S):

1	Staff do not clean resident properly after using the restroom.
2	Staff do not treat resident with dignity and respect.
3	Staff did not ensure resident was fed before a medical appointment.
4	Staff do not allow resident to eat an alternative meal.
5	Staff will not allow resident to leave the dining area until everyone is finished eating.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Garlli Tat made an unannounced visit to the facility to deliver the
2	findings on the above allegations. LPA met with the Med Tech and explained the purpose of the visit. The
3	med tech called the Executive Director, who provided verbal consent that med tech can sign the report
4	on her behalf.
5	
6	An initial complaint investigation visit took place on June 4, 2026. During the visit, LPA accompanied by
7	staff conducted a tour of the facility's physical plant. LPA requested and obtained the resident and staff
8	roster, facility menu, preplacement appraisal, unusual incident/injury report dated 05/09/2026 and
9	05/28/2026, resident appraisal, appraisal/needs and services plan, physician's orders, daily progress
10	notes, admission agreement dated 02/25/2026, physician's report dated 02/26/2026, and post acute
11	order summary report dated 02/12/2026. Nine staff and five resident interviews were conducted during
12	the visit. Six resident interviews were conducted in total.
13	The investigation revealed the following: Continued on LIC9099-C.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Sheila Santos	
LICENSING EVALUATOR NAME: Garlli Tat	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/24/2026

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 3
Control Number 22-AS-20260601123502

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: WILLOW VIEW GARDENS MEMORY CARE & ASSISTED LIVING	FACILITY NUMBER: 306006204
VISIT DATE: 07/24/2026	

NARRATIVE	
1	Regarding the allegation that Staff do not clean resident properly after using the restroom, it was
2	reported that resident was accompanied to the bathroom but didn't receive assistance. Resident (R1)
3	had to clean themselves. Per review of physician's report dated February 26, 2026, R1 is legally blind.
4	Per review of preplacement appraisal information, R1 uses wheelchair, requires assistance with bathing
5	and personal hygiene, but does not require assistance with toileting. R1 reported that staff does not
6	assist with changing and they had to change themselves. Two out of five residents interviewed stated
7	they are not cleaned properly after the bathroom. Three out of five residents stated they don't need
8	assistance with cleaning. Two out of nine staff interviewed stated that R1 verbalized he did not require
9	assistance with cleanup after toileting. Four out of nine staff stated they do assist R1 with cleaning.
10	Three out of nine staff provided irrelevant answers. There is no evidence supporting the allegation.
11	
12	Regarding the allegation that Staff do not treat resident with dignity and respect, it was reported that
13	resident was asked to say "please" before being provided food. R1 reported they been insulted in
14	Spanish. Per admission agreement dated February 25, 2026, residents of residential care facilities for
15	the elderly shall be accorded dignity in their personal relationships with staff, residents, and other
16	persons. Two out of five residents interviewed confirmed the allegation that they are not treated with
17	dignity and respect. Two out of five residents denied the allegation. One out of five residents did not
18	provide an adequate answer. Eight out of nine staff denied the allegation. One out of nine staff
19	confirmed the allegation but could not provide further information. There is no evidence supporting the
20	allegation.
21	
22	Regarding the allegation that Staff did not ensure resident was fed before a medical appointment, it was
23	reported that resident was not provided with a snack prior to their dialysis appointment. It was reported
24	that R1 arrived at his appointment "hungry and dirty". Per review of R1's admission agreement, they are
25	provided with three nutritious meals daily and between meals nourishment or snack. The facility does
26	not document meals received. One out of five residents interviewed stated they receive snacks before
27	and after an appointment. Four out of five residents did not have relevant information regarding the
28	allegation. Two out of nine staff reported at times, they are not advised to feed them depending on the
29	appointment. Seven out of nine staff reported residents are always provided with a snack prior to
30	appointments. There is no evidence supporting the allegation.
31	
32	Regarding the allegation that Staff do not allow resident to eat an alternative meal, it was reported that
	resident was not brought a different meal despite asking for one. Continued on LIC9099-C.

SUPERVISORS NAME: Sheila Santos	
LICENSING EVALUATOR NAME: Garlli Tat	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/24/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/24/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** WILLOW VIEW GARDENS MEMORY
CARE & ASSISTED LIVING**FACILITY NUMBER:** 306006204**VISIT DATE:** 07/24/2026**NARRATIVE**

1 Per review of daily menu, breakfast, lunch, and dinner entrees are listed every day. Residents may
2 request a different meal by 10:00am. If no orders are placed by that time, residents are given the "meal
3 of the day". Three out of five residents interviewed stated they are always provided with alternative
4 meals. One out of five residents stated there are not a lot of options available. One out of five residents
5 did not have anything relevant to add to the allegation. Nine out of nine staff interviewed denied the
6 allegation. There is no evidence supporting the allegation.
7

8 Regarding the allegation that Staff will not allow resident to leave the dining area until everyone is
9 finished eating, it was reported that resident had to remain seated until other residents were finished
10 during mealtimes. LPA toured the dining area and observed that residents came and left as they
11 pleased. R1 reported that some staff would allow them to leave, while some didn't. R1 did not recall the
12 names of the staff members who did not let him leave. Five out of five residents interviewed denied the
13 allegation. Eight out of nine staff denied the allegation. One out of nine staff reported that some of the
14 residents use wheelchairs and they have to wait a while until a caregiver comes to assist them. There is
15 no evidence supporting the allegation.
16

17 Based on the evidence gathered during the investigation, the allegations are found to be
18 **Unsubstantiated**, meaning that although the allegations may have happened or are valid, there is not a
19 preponderance of evidence to prove the alleged violations did or did not occur.
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21 An exit interview was conducted, and a copy of the present report was provided to the authorized
22 representative. Appeal Rights were reviewed.
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SUPERVISORS NAME: Sheila Santos**LICENSING EVALUATOR NAME:** Garlli Tat**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/24/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/24/2026