

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006242

Report Date: 01/30/2026

Date Signed: 01/30/2026 04:20:21 PM

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 **01/26/2026** and conducted by Evaluator RoseMarie Ruppert

	COMPLAINT CONTROL NUMBER: 22-AS-20260126184730
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FACILITY NAME: CAPRIANA	FACILITY NUMBER: 306006242
ADMINISTRATOR: REYNOLDS, TONYA	FACILITY TYPE: 741
ADDRESS: 460 LA FLORESTA DRIVE	TELEPHONE: (714) 985-5500
CITY: BREA	ZIP CODE: 92821
CAPACITY: 200	DATE: 01/30/2026
MET WITH: Tonya Reynolds Executive Director	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 04:30 PM

ALLEGATION(S):

1	Staff does not ensure resident is hydrated.
2	Staff does not ensure to assist resident with feeding.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rose Ruppert made an unannounced visit to investigate a complaint received in the Regional Office. LPA was greeted and granted entry by the Concierge at 1pm. LPA met with Executive Director (ED) Tonya Reynolds and explained the purpose of the visit.
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5	During the visit, LPA requested the following documents for Resident #1 (R1): Resident Information Sheet, Physician's Report, Individualized Service Plans and Outside Provider Communication sheet from January 26, 2026. LPA also obtained Resident Information Sheets, Physician's Reports for Residents #2, #3 and #4.
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10	It was alleged that Staff does not ensure resident is hydrated. LPA reviewed the Physician's Report from R1 dated February 14, 2025. R1's primary diagnosis is Dehydration and Dementia. LPA reviewed Individualized Service Plans from February 14, 2025 and on December 11, 2025. Due to a change of condition, the re-assessment from December 11, 2025 stated R1 required assistance with eating. LPA reviewed Charting
11	(Continued on LIC 9099-C)
12	
13	

SUPERVISORS NAME: Alisa Ortiz

LICENSING EVALUATOR NAME: RoseMarie Ruppert

LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026

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

LIC9099 (FAS) - (06/04)

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Control Number 22-AS-20260126184730

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: CAPRIANA

FACILITY NUMBER: 306006242

VISIT DATE: 01/30/2026

NARRATIVE

1 (Continued from LIC 9099)

2
3 Notes January 4 - January 29, 2026. Charting Notes report R1 is being fed and hydrated on January 4th
4 and a change of condition occurred on January 14, 2026. Home Health was contacted regarding R1
5 having issues with swallowing. On January 16, 2026 the nurse assessed R1's swallowing and noted R1
6 was able to swallow water, as well as Ensure; a thicker liquid. The Responsible Party was notified by the
7 nurse and continued to be updated of R1's changing condition. R1 was noted to be lethargic on January
8 20, 2026. Charting continued to document R1's food intake and hydration On January 25, 2026 R1 was
9 lethargic and refused fluids or food. R1 was sent out to the hospital for further evaluation at 3:30pm. On
10 January 26, 2026 home health recommended an R1 assessment for hospice but R1 was in the hospital
11 at this time.

12
13 It was also alleged that Staff does not ensure to assist resident with feeding. LPA interviewed four of four
14 staff members who all denied this allegation. Staff stated R1 was full assistance and was assisted with
15 each meal in the dining room unless R1 refused. LPA interviewed three of three residents. Three of
16 three residents denied the allegation that they are not assisted with getting food or water. LPA
17 interviewed one witness who stated staff did not ensure resident was being fed or given proper
18 hydration.

19
20 Based on LPA's record review, observations and interviews the allegations that Staff does not ensure
21 resident is hydrated and Staff does not ensure to assist resident with feeding are Unsubstantiated. The
22 allegations may have happened or are valid, but there is not a preponderance of evidence to prove that
23 the alleged violations occurred.

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25 An exit interview was conducted with Tony Reynolds, Executive Director and a copy of this report and
26 LIC 811 were provided to the facility.
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SUPERVISORS NAME: Alisa Ortiz

LICENSING EVALUATOR NAME: RoseMarie Ruppert

LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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DATE: 01/30/2026