

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006247
Report Date: 03/06/2026
Date Signed: 03/06/2026 10:02:03 AM

Substantiated

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 **12/03/2025** and conducted by Evaluator Hanna Gough

	COMPLAINT CONTROL NUMBER: 22-AS-20251203162928
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FACILITY NAME: FAMILY CHOICE SENIOR LIVING	FACILITY NUMBER: 306006247
ADMINISTRATOR: JUNGE, PAMELA	FACILITY TYPE: 740
ADDRESS: 3105 W. ORANGE AVENUE	TELEPHONE: (714) 229-0069
CITY: ANAHEIM	ZIP CODE: 92804
CAPACITY: 30	DATE: 03/06/2026
MET WITH: Pamela Junge	UNANNOUNCED TIME BEGAN: 08:00 AM
	TIME COMPLETED: 10:15 AM

ALLEGATION(S):

1	Facility has not hired a person designated for food planning and preparation.
2	Facility is not reporting falls and other incidents involving residents
3	Resident fell and sustained injuries due to a lack of supervision.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Hanna Gough made an unannounced visit to the facility to conduct an investigation into the above mentioned complaint allegations. LPA was greeted and granted entry by staff. LPA met with Administrator (AD) Pam Junge and discussed the purpose of the visit.
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5	The investigation into the above mentioned facility allegations revealed the following:
6	
7	Regarding the allegation of Facility has not hired a person designated for food planning and preparation revealed the following: LPA observed an LIC500 stating that the facility had a cook that was hired on October 6, 2025, and worked Thursday through Monday from 9:45AM-6:15PM.
8	
9	
10	LPA interviewed 4 staff and it was revealed that 4 of 4 staff informed LPA that the cook no longer works at the facility. 2 of 4 staff informed LPA that they will assist with cooking due to the facility no longer having a designated cook.
11	
12	
13	Continue on 9099C

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Hanna Gough
LICENSING EVALUATOR SIGNATURE:

DATE: 03/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/06/2026

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-20251203162928

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: FAMILY CHOICE SENIOR LIVING

FACILITY NUMBER: 306006247

VISIT DATE: 03/06/2026

NARRATIVE

- 1 Regarding the allegation of Facility is not reporting falls and other incidents involving residents revealed
2 the following: 3 of 4 staff informed LPA that they report incidents to the Administrator. 1 of 4 staff
3 informed LPA that they will write the reports and give them to the Administrator to submit them to
4 licensing. 1 of 4 staff informed LPA that they had the incident reports but did not submit them to
5 licensing.
6
7 Upon records reviewed it was revealed that incident reports were written for Resident #1 (R1) that were
8 not submitted to the Regional Office of Orange County.
9
10 Regarding the facility allegation of Resident fell and sustained injuries due to a lack of supervision
11 revealed the following: Records reviewed revealed a physicians report for R1 dated October 15, 2025,
12 stating that R1 needs assistance with repositioning and transferring, is not able to dress, bathe or care
13 for their own toileting needs. R1 was marked as non ambulatory due to their physical condition and
14 unable to independently transfer to and from bed. This report was signed by a medical professional. LPA
15 observed a needs and services plan dated January 22, 2026, stating that R1 has upper and lower
16 extremity weakness and requires assistance with transfers and mobility. R1 was noted with poor safety
17 awareness with attempts to get out of bed unassisted and has a history of falls. The needs and services
18 plan states that R1 requires assistance with transfers and mobility and is often non-compliant. The plan
19 also states that staff will assist R1 with their daily activities. LPA observed a staff schedule for the week
20 of December 8, 2025, through December 14, 2025, that indicated 2-3 caregivers are on duty for the
21 morning shift, 2 caregivers and a medtech for the evening shift and one caregiver and one medtech for
22 the night shift. This schedule did not indicate any call offs for LPA to review.
23
24 Interviews with staff revealed 4 of 4 staff informed LPA that there are normally 2 caregivers and a
25 medtech on duty. 1 of 4 staff informed LPA that there is not enough staff to assist with resident needs. 1
26 of 4 staff informed LPA that they meet residents needs due to not having a choice regardless of staffing.
27 2 of 4 staff informed LPA that staff meet all residents needs. 1 of 4 staff informed LPA that the facility has
28 staffing issues due to call offs. 1 of 4 staff informed LPA that they will take on caregiver duties to ensure
29 resident needs are being met. 4 of 4 staff informed LPA that the facility does not have a housekeeper or
30 a cook and caregivers do house keeping duties on top of their care giving duties.
31
32 Interviews with residents revealed 2 of 4 residents informed LPA that there is a lack of staffing at the
facility and it looks like the caregivers could use assistance. 1 of 4 residents informed LPA that they are
independent and do not need much assistance. 2 of 4 residents informed LPA that their needs are met
by staff.

Continue on 9099C

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Hanna Gough
LICENSING EVALUATOR SIGNATURE:

DATE: 03/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/06/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
**COMPLAINT INVESTIGATION REPORT
(Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY NAME: FAMILY CHOICE SENIOR LIVING

FACILITY NUMBER: 306006247

VISIT DATE: 03/06/2026

NARRATIVE

1 Based on interviews conducted, records reviewed and information gathered during the investigation, the
 2 preponderance of evidence standard has been met, therefore the above allegations are found to be
 3 SUBSTANTIATED. California Code of Regulations, Title 22 Division 6 are being cited on the attached
 4 LIC9099D.
 5
 6 An exit interview was conducted and a copy of this report, LIC9099-D and appeal rights were left at the
 7 facility.
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SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Hanna Gough
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/06/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
**COMPLAINT INVESTIGATION REPORT
(Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY NAME: FAMILY CHOICE SENIOR LIVING

FACILITY NUMBER: 306006247

VISIT DATE: 03/06/2026

DEFICIENCY INFORMATION FOR THIS PAGE:

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/03/2026 Section Cited	1 Personnel Requirements 87411(a) (a) 2 Facility personnel shall at all times be 3 sufficient in numbers... In facilities	1 Licensee stated they will send LPA 2 weekly staffing schedules of 3 3

CCR 87411(a)	4 5 6 7	labeled for sixteen or more, sufficient support staff shall be employed... Additional staff shall be employed as necessary to perform office work, cooking, house cleaning, laundering...	4 5 6 7	caregivers and 1 medtech on duty and hire a house cleaner by POC due date.
	8 9 10 11 12 13 14	This requirement was not met as evidence by: Based on record review and interviews, the facility personnel has not been at sufficient numbers due to not having support staff. Which poses a potential health and safety risk to residents in care.	8 9 10 11 12 13 14	
Type B 03/27/2026 Section Cited CCR 87211(a)(1)	1 2 3 4 5 6 7	Reporting Requirements 87211(a)(1) A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence... This requirement was not met as evidence by:	1 2 3 4 5 6 7	Licensee stated they will submit an in service conducted with staff and a statement of understanding to LPA by POC due date.
	8 9 10 11 12 13 14	Based on records reviewed and interview, LPA observed incident reports that were not submitted to the Regional Office regarding R1s fall. This poses a potential health, safety or personal rights risk to residents in care.	8 9 10 11 12 13 14	

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

SUPERVISORS NAME: Armando J Lucero	
LICENSING EVALUATOR NAME: Hanna Gough	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/06/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/06/2026

Control Number 22-AS-20251203162928

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMPLAINT INVESTIGATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
	ORANGE, CA 92868

FACILITY NAME: FAMILY CHOICE SENIOR LIVING **FACILITY NUMBER:** 306006247
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/06/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/27/2026 Section Cited CCR 87555(b)(16)	1 2 3 4 5 6 7 General Food Service Requirements 87555(b)(16) In facilities licensed for sixteen (16) to forty-nine (49) residents, one person shall be designated who has primary responsibility for food planning, preparation and service. This person shall be provided with appropriate training.	1 2 3 4 5 6 7 Licensee provided LPA with an updated LIC 500 with 2 cooks on shift 7 days a week. LPA observed a cook in the facility. This citation was cleared.
	8 9 10 11 12 13 14 This requirement was not met as evidence by: Based on interview, observation and records review the facility did not have a designated cook with appropriate training and was pulling caregivers for cooking duties. This poses a potential health, safety or personal rights risk to residents in care.	8 9 10 11 12 13 14

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

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Hanna Gough
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/06/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/06/2026

LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
COMPLAINT INVESTIGATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/03/2025** and conducted by Evaluator Hanna Gough

COMPLAINT CONTROL NUMBER: 22-AS-20251203162928

FACILITY NAME: FAMILY CHOICE SENIOR LIVING

FACILITY NUMBER: 306006247

ADMINISTRATOR: JUNGE, PAMELA
ADDRESS: 3105 W. ORANGE AVENUE
CITY: ANAHEIM
CAPACITY: 30

STATE: CA
CENSUS: 25

FACILITY TYPE: 740
TELEPHONE: (714) 229-0069
ZIP CODE: 92804
DATE: 03/06/2026
UNANNOUNCED TIME BEGAN: 08:00 AM
TIME COMPLETED: 10:15 AM

MET WITH: Pamela Junge

ALLEGATION(S):

1 Due to a lack of staffing residents needs are not being met.
2 Resident was able to elope due to a lack of supervision.
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Hanna Gough made an unannounced visit to the facility to conduct an
2 investigation into the above mentioned complaint allegations. LPA was greeted and granted entry by
3 staff. LPA met with Administrator (AD) Pam Junge and discussed the purpose of the visit.
4
5 The investigation into the above mentioned facility allegations revealed the following:
6
7 Regarding the allegation of Due to a lack of staffing residents needs are not being met revealed the
8 following: It was alleged that bedridden residents are not fed their food and given the assistance needed
9 due to a lack of staffing. 2 of 4 staff informed LPA that bedridden residents are given their food as soon
10 as it is ready. 2 of 4 staff informed LPA that the staff do not let the bedridden residents food sit in front of
11

Unsubstantiated Estimated Days of Completion:

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Hanna Gough
LICENSING EVALUATOR SIGNATURE: **DATE:** 03/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 03/06/2026

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LIC9099 (FAS) - (06/04) Page: 6 of 9

Control Number 22-AS-20251203162928

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
COMPLAINT INVESTIGATION REPORT (Cont)
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY NAME: FAMILY CHOICE SENIOR LIVING **FACILITY NUMBER:** 306006247
VISIT DATE: 03/06/2026

NARRATIVE

1 LPA attempted to interview 1 of 1 bedridden residents and 1 of 1 were unable to confirm or deny the
2 allegations. LPA observed staff assist with feeding 1 of 1 bedridden resident as soon as their food was
3 ready.
4
5 Regarding the facility allegation of Resident was able to elope due to a lack of supervision revealed the
6 following: it was alleged that residents were able to elope from the facility due to a lack of supervision.
7 LPA did not observe any incident reports regarding elopements from the facility. 2 of 4 staff informed
8 LPA that there has not been an elopement at the facility to report. 1 of 4 staff informed LPA that when
9 residents attempt to elope they are stopped at the front door due to the auditory device that signals the
10 door has been opened. 1 of 4 staff informed LPA that a resident was recently redirected back to the
11 facility after an attempted elopement. 1 of 4 staff informed LPA that if a resident has eloped and staff had
12 to look for them, an incident report would be written.
13
14 Based upon information gathered and interviews conducted, the Department is unable to ascertain if the
15 above mentioned allegations occurred as reported. Although the allegations may have happened or is
16 valid, there is not a preponderance of evidence to prove or refute the alleged violation occurred:
17 therefore the allegations are deemed UNSUBSTANTIATED.
18
19 An exit interview was conducted and a copy of this report was left at the facility.
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SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Hanna Gough
LICENSING EVALUATOR SIGNATURE: **DATE:** 03/06/2026

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FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 03/06/2026

COMPLAINT INVESTIGATION REPORT

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12/03/2025 and conducted by Evaluator Hanna Gough

COMPLAINT CONTROL NUMBER: 22-AS-
20251203162928

FACILITY NAME: FAMILY CHOICE SENIOR LIVING**FACILITY NUMBER:** 306006247**ADMINISTRATOR:**JUNGE, PAMELA**FACILITY TYPE:** 740**ADDRESS:** 3105 W. ORANGE AVENUE**TELEPHONE:** (714) 229-0069**CITY:** ANAHEIM**STATE:** CA**ZIP CODE:** 92804**CAPACITY:** 30**CENSUS:** 25**DATE:** 03/06/2026**MET WITH:** Pamela JungeUNANNOUNCED**TIME BEGAN:**

08:00 AM

TIME**COMPLETED:**

10:15 AM

ALLEGATION(S):

- 1 Residents are not given enough food.
- 2 Staff are not adequately trained
- 3 Residents are not allowed to open their windows or eat in their room.
- 4 Resident was injured by another resident due to a lack of supervision.
- 5
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INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst (LPA) Hanna Gough made an unannounced visit to the facility for the purpose
 - 2 of conduct a ingcomplaint investigation into the above mentioned complaint allegations. LPA was greeted
 - 3 and granted entry by staff. LPA met with Administrator (AD) Pam Junge and discussed the purpose of the
 - 4 visit.
 - 5
 - 6 During the course of the investigation, interviews were conducted, LPA tour the physical plant of the
 - 7 facility, review of resident records was completed and copy of pertinent documents obtained and
 - 8 revealed the following:
 - 9
 - 10 Regarding the facility allegation of Residents are not given enough food revealed the following: LPA
 - 11 reviewed weekly menus for the facility and observed that the facility provides fresh nutritious meals. LPA
 - 12 observed a 2 day perishable and 7 day non perishable food supply on hand. LPA observed staff
 - 13 preparing meal service for residents and even offered snacks.
- Continue on LIC9099C

Unfounded**Estimated Days of Completion:****SUPERVISORS NAME:** Armando J Lucero**LICENSING EVALUATOR NAME:** Hanna Gough**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 03/06/2026

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-20251203162928**COMPLAINT INVESTIGATION REPORT****(Cont)****FACILITY NAME:** FAMILY CHOICE SENIOR LIVING**FACILITY NUMBER:** 306006247**VISIT DATE:** 03/06/2026**NARRATIVE**

1 LPA interviewed staff and 4 of 4 staff informed LPA that residents are given enough food and will be
2 given more food when requested. 4 of 4 staff informed LPA that residents will be given alternative foods
3 upon request.
4
5 LPA interviewed residents and 3 of 4 residents informed LPA that they get enough food and can ask for
6 seconds. 1 of 4 residents informed LPA that they never ask for seconds because they are given enough
7 food to begin with. 1 of 4 residents informed LPA that they never get enough food. LPA observed 1 in 4
8 residents request food from staff and was provided with a snack.
9
10 Regarding the facility allegation of staff are not adequately trained revealed the following: Upon records
11 reviewed, LPA observed training records for 5 staff. LPA reviewed 3 of 5 staff have a skills checklist that
12 went over training expectations and competency with the staff and a trainer both initialing all topics
13 completed when first hired. 5 of 5 staff were hired in 2025. LPA reviewed current staff training on topics
14 such as dementia, medications and care giving.
15
16 LPA reviewed in service logs from September 2025 to November 2025 covering various topics such as
17 bedridden residents, medication administration, documentation and infection control.
18
19 LPA interviewed staff and 4 of 5 staff informed LPA that staff are trained when they were first hired. 2 of
20 5 staff informed LPA that staff are given shadow training and videos.
21
22 Regarding the facility allegation of Residents are not allowed to open their windows or eat in their rooms
23 revealed the following: LPA observed 1 of 4 resident rooms to have an open window. 2 of 4 residents
24 informed LPA that they have no problems with opening their window. 3 of 4 staff informed LPA that
25 residents are encouraged to keep their windows closed if the AC is on or if it is cold outside but they are
26 not forced to keep them shut. 1 of 4 staff informed LPA that staff are not allowed to open the resident
27 windows.
28
29 Regarding the facility allegation Resident was injured by another resident due to a lack of supervision
30 revealed the following: When reviewing the allegation there was not a concern due to the lack of
31 supervision with resident on resident injuries.
32
Based on information gathered the investigation into the above mentioned complaint allegations are
found to be UNFOUNDED, meaning the allegation was false, could not have happened or is without
reasonable basis. Therefore, the Department dismisses the complaint allegations.

An exit interview was conducted and a copy of this report was left at the facility.

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Hanna Gough
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/06/2026