

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006248
Report Date: 07/08/2026
Date Signed: 07/08/2026 03:29:39 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 07/02/2026 and conducted by Evaluator Joseph Alejandre

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260702131813
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FACILITY NAME:	MORNINGSTAR SENIOR LIVING OF MISSION VIEJO	FACILITY NUMBER:	306006248
ADMINISTRATOR:	MANDVIWAL, MELINDA	FACILITY TYPE:	740
ADDRESS:	28570 MARGUERITE PARKWAY	TELEPHONE:	(949) 649-4855
CITY:	MISSION VIEJO	ZIP CODE:	92692
CAPACITY:	198	DATE:	07/08/2026
	STATE: CA	TIME BEGAN:	12:05 PM
	CENSUS: 140	TIME	03:45 PM
	UNANNOUNCED	COMPLETED:	
MET WITH:	Danny Vera, Melinda Mandviwala		

ALLEGATION(S):

1	Staff are not reporting incidents to resident's representative
2	Staff did not obtain medical care for resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Joseph Alejandre made an unannounced visit to conduct the required
2	10-day visit to begin the investigation into the allegations listed above. LPA mew with Executive Director
3	Danny Vera and Wellness Director Melinda Mandviwala and explained the reason for the visit.
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5	The investigation into the allegation, staff are not reporting incidents to resident's representative,
6	revealed the following. It was reported that Resident 1 (R1) has fallen numerous times and the facility
7	has not notified the responsible party. A review of incidents reports submitted to the Agency (Community
8	Care Licensing) shows that 2 incident reports for R1 have been submitted. One for a fall on June 7,
9	2026, and one on June 23, 2026, for blood in R1's urine. In both cases 911 was called and R1 was
10	transported to the hospital and treated. R1's responsible party verified that they were notified of both
11	incidents. There are no other reports of any incidents involving R1. The Wellness Director reported that
12	those are the only 2 incidents involving R1.
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Sheila Santos	
LICENSING EVALUATOR NAME: Joseph Alejandro	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/08/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2026

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 4
Control Number 22-AS-20260702131813

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: MORNINGSTAR SENIOR LIVING OF MISSION VIEJO	FACILITY NUMBER: 306006248
VISIT DATE: 07/08/2026	

NARRATIVE	
1	R1's responsible party reported that the facility regularly communicated with them concerning R1 and they were not aware of any other incidents involving R1. R1 has been moved out of the facility on June 29, 2026. 3 out of 3 staff interviewed reported that they were unaware of any other incidents involving R1. Based on the evidence gathered the allegation is deemed unfounded, meaning that the allegation was false, could not have happened and/or is without a reasonable basis. The investigation into the allegation, staff did not obtain medical care for resident, revealed the following. It was reported that on June 24, 2026, R1 had blood in their urine, and the facility waited hours to call 911. A review of incident reports shows that on June 23, 2026, R1 was noted to have blood in their urine and 911 was called. Staff 1 reported that blood was not noticed in R1's catheter until around 9:00pm at night and 911 was called immediately. R1's responsible party was present during the incident and reported that because of this it was decided that 911 should be called. R1's responsible party reported they don't know when the blood was first noticed. Staff 1 and the Wellness Director both reported that R1 returned the same day with no new orders. R1's responsible party reported that R1 was treated and released back to the facility with no new orders. No other witnesses were reported to have been present during the incident. No incident took place on June 24, 2026, involving R1. There is no evidence to support the allegation. The evidence gathered refutes the allegation. Therefore, based on the evidence gathered the allegation is deemed unfounded, meaning that the allegation was false, could not have happened and/or is without a reasonable basis. An exit interview was conducted and a copy of the report provided.
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SUPERVISORS NAME: Sheila Santos	
LICENSING EVALUATOR NAME: Joseph Alejandro	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/08/2026
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LIC9099 (FAS) - (06/04) Page: 2 of 4	
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COMPLAINT INVESTIGATION REPORT	

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07/02/2026 and conducted by Evaluator Joseph Alejandre

COMPLAINT CONTROL NUMBER: 22-AS-
20260702131813

FACILITY NAME: MORNINGSTAR SENIOR LIVING OF MISSION VIEJO
ADMINISTRATOR: MANDVIWAL, MELINDA
ADDRESS: 28570 MARGUERITE PARKWAY
CITY: MISSION VIEJO
CAPACITY: 198
MET WITH: Danny Vera

FACILITY NUMBER: 306006248
FACILITY TYPE: 740
TELEPHONE: (949) 649-4855
ZIP CODE: 92692
DATE: 07/08/2026
TIME BEGAN: 12:05 PM
TIME COMPLETED: 03:45 PM

STATE: CA
CENSUS: UNANNOUNCED

ALLEGATION(S):

1 Staff are not meeting resident's needs
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Joseph Alejandre made an unannounced visit to conduct the required
2 10-day visit to begin the investigation into the allegation listed above. LPA met with Executive Director
3 Danny Vera and explained the reason for the visit.
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5 The investigation, into the allegation, staff are not meeting resident's needs, revealed the following. It
6 was reported that the facility is not meeting R1's needs because they are sustaining multiple falls and the
7 facility informed the responsible party that R1 requires a one-on-one care provider. A review of records,
8 shows that R1 had one fall on June 7, 2026, no other falls were reported. 3 staff interviewed and the
9 responsible party verified this information. The Wellness Director reported that because of the concerns
10 of the responsible party they recommended a one-on-one caregiver because R1's responsible party
11 wanted a caregiver to always be with R1. The Wellness Director reported that R1's needs were being
12 met and there weren't any issues but R1's responsible party moved R1 out of the facility on June 29,
13 2026.

Unsubstantiated**Estimated Days of Completion:**

SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Joseph Alejandre
LICENSING EVALUATOR SIGNATURE:

DATE: 07/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/08/2026

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LIC9099 (FAS) - (06/04)

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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: MORNINGSTAR SENIOR LIVING OF
MISSION VIEJO

FACILITY NUMBER: 306006248**VISIT DATE:** 07/08/2026**NARRATIVE**

1 R1's responsible party reported they moved R1 out of the facility because they wanted R1 to have more
2 individualized care. R1's responsible party reported that they didn't feel comfortable with R1 at the
3 facility and felt it was better to leave the facility. The incidents involving R1 cannot be attributed to staff

4 not meeting R1's needs. There were only 2 incidents and after each incident the facility called 911 and
5 made sure R1 received the required medical assistance. The Wellness Director and 3 out of 3 staff
6 reported that R1 received proper care and supervision and any issues were reported to the responsible
7 party and R1's physician. Based on the evidence gathered, the allegation is deemed unsubstantiated,
8 meaning that although the allegations may have happened or are valid, there is not a preponderance of
9 the evidence to prove that the alleged violations occurred. Exit interview conducted and a copy of this
10 report was provided.
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