

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 306006248  
Report Date: 10/27/2025  
Date Signed: 10/27/2025 03:03:33 PM

**Unfounded**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/19/2025** and conducted by Evaluator Kimberly Lyman

	<b>COMPLAINT CONTROL NUMBER: 22-AS-20250919130858</b>
--	---

<b>FACILITY NAME:</b> MORNINGSTAR SENIOR LIVING OF MISSION VIEJO	<b>FACILITY NUMBER:</b> 306006248
<b>ADMINISTRATOR:</b> MANDVIWAL, MELINDA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 28570 MARGUERITE PARKWAY	<b>TELEPHONE:</b> (949) 649-4855
<b>CITY:</b> MISSION VIEJO	<b>ZIP CODE:</b> 92692
<b>CAPACITY:</b> 198	<b>DATE:</b> 10/27/2025
<b>MET WITH:</b> Cara Deiro and Carlos Espino	<b>UNANNOUNCED TIME BEGAN:</b> 01:51 PM
	<b>TIME COMPLETED:</b> 03:20 PM

**ALLEGATION(S):**

1	Unqualified staff administering medication to residents in care
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to deliver
2	findings on the above allegation. LPA was greeted and granted entry into the facility and explained the
3	reason for the visit.
4	
5	During the visit, LPA toured the facility and interviewed staff as well as reviewed and obtained pertinent
6	documentation such as training records. Regarding the allegation that unqualified staff are administering
7	medication to residents in care, the investigation revealed the following: LPA reviewed Medication
8	Technician training records. Five out of five records reviewed show staff have received training. All staff
9	interviewed stated receiving required training. Based on record review and interviews conducted, the
10	allegation is deemed UNFOUNDED, meaning the allegation is false, could not have happened and/or is
11	without a reasonable basis. Exit interview conducted and a copy of this report was provided to facility
12	representative.
13	

<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
------------------	--------------------------------------

**SUPERVISORS NAME:** Alisa Ortiz  
**LICENSING EVALUATOR NAME:** Kimberly Lyman  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/27/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/27/2025

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 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## COMPLAINT INVESTIGATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 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

**09/19/2025** and conducted by Evaluator Kimberly Lyman

**COMPLAINT CONTROL NUMBER:** 22-AS-20250919130858

<b>FACILITY NAME:</b> MORNINGSTAR SENIOR LIVING OF MISSION VIEJO	<b>FACILITY NUMBER:</b> 306006248
<b>ADMINISTRATOR:</b> MANDVIWAL, MELINDA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 28570 MARGUERITE PARKWAY	<b>TELEPHONE:</b> (949) 649-4855
<b>CITY:</b> MISSION VIEJO	<b>ZIP CODE:</b> 92692
<b>CAPACITY:</b> 198	<b>DATE:</b> 10/27/2025
<b>MET WITH:</b> Cara Deiro	<b>UNANNOUNCED TIME BEGAN:</b> 01:51 PM
	<b>TIME COMPLETED:</b> 03:20 PM

### ALLEGATION(S):

- 1 Facility staff do not provide residents with their medications as prescribed
- 2 Facility staff did not properly transfer resident.
- 3
- 4
- 5
- 6
- 7
- 8
- 9

### INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to deliver
  - 2 findings on the above allegation. LPA was greeted and granted entry into the facility and explained the
  - 3 reason for the visit.
  - 4 During the course of the investigation, LPA toured the memory care unit and interviewed staff. Regarding
  - 5 the allegations that facility staff do not provide residents with their medications as prescribed and facility
  - 6 staff did not properly transfer resident, the investigation revealed the following: Eight out of eight staff
  - 7 deny finding medications lying around. One staff stated finding a pill one time on the floor in memory care
  - 8 but cannot confirm if it belonged to a resident or a visitor. All staff interviewed deny medication errors
  - 9 happening. Facility management indicates Staff 1 (S1) was terminated for putting medications in
  - 10 resident's food and walking away. Eight out of eight staff deny any issues with the Hoyer lift for Resident
  - 11 1 (R1) other than the resident being uncomfortable with its usage. Based on interviews conducted, LPA is
  - 12 unable to corroborate the allegations. Therefore, the allegations are deemed unsubstantiated, meaning
  - 13 that although the allegations may have happened or are valid, there is not a preponderance of the
- evidence to prove that the alleged violations occurred. Exit interview conducted and a copy of this report was provided.

**Unsubstantiated**

**Estimated Days of Completion:**

**SUPERVISORS NAME:** Alisa Ortiz  
**LICENSING EVALUATOR NAME:** Kimberly Lyman  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/27/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/27/2025

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

LIC9099 (FAS) - (06/04)

Page: 2 of 2