

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 306006344  
Report Date: 09/25/2025  
Date Signed: 09/25/2025 04:05:48 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/10/2025** and conducted by Evaluator RoseMarie Ruppert

	<b>COMPLAINT CONTROL NUMBER: 22-AS-20250910183027</b>
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<b>FACILITY NAME:</b> COGIR OF BREA	<b>FACILITY NUMBER:</b> 306006344
<b>ADMINISTRATOR:</b> FAYE, SAMUEL	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 700 MADISON WAY	<b>TELEPHONE:</b> (714) 681-0105
<b>CITY:</b> BREA	<b>STATE:</b> CA
<b>CAPACITY:</b> 110	<b>ZIP CODE:</b> 92821
	<b>CENSUS:</b> 74
<b>MET WITH:</b> Cynthia Figueroa, Executive Director	<b>DATE:</b> 09/25/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 01:00 PM
	<b>TIME COMPLETED:</b> 03:35 PM

**ALLEGATION(S):**

1	Staff are under the influence of alcohol while caring and supervising residents.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Rose Ruppert made an unannounced visit at 1pm to investigate a
2	complaint received in our Regional Office. LPA was greeted and granted entry by Concierge and met with
3	Executive Director (ED) Cynthia Figueroa and explained the purpose of the visit.
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5	It was alleged that: Staff are under the influence of alcohol while caring and supervising residents. LPA
6	interviewed four of four residents and ten of ten staff. Four of four residents denied observing a staff
7	under the influence and two of ten staff confirmed the allegation. LPA conducted a health and safety
8	check on residents in care and toured the facility. LPA reviewed five of five staff files regarding training
9	and spoke to ED regarding the facility Drug and Alcohol Policy. ED reviewed this policy at the All-Staff
10	meeting regarding the procedure on reporting and documenting any drug or alcohol use in the workplace.
11	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
12	prove the alleged violation did or did not occur, therefore the allegation is Unsubstantiated. An exit
13	interview was conducted with ED Figueroa and a copy of this report was provided to the facility.

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Alisa Ortiz

**NAME OF LICENSING PROGRAM ANALYST:** RoseMarie Ruppert

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/25/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/25/2025

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