

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006344

Report Date: 12/16/2025

Date Signed: 12/16/2025 04:10:50 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 **12/10/2025** and conducted by Evaluator RoseMarie Ruppert

	COMPLAINT CONTROL NUMBER: 22-AS-20251210102834
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FACILITY NAME: COGIR OF BREA	FACILITY NUMBER: 306006344
ADMINISTRATOR: FAYE, SAMUEL	FACILITY TYPE: 740
ADDRESS: 700 MADISON WAY	TELEPHONE: (714) 681-0105
CITY: BREA	STATE: CA
CAPACITY: 110	ZIP CODE: 92821
	CENSUS: 84
	DATE: 12/16/2025
MET WITH: Cynthia Figueroa, Executive Director	UNANNOUNCED TIME BEGAN: 04:01 PM
	TIME COMPLETED: 04:30 PM

ALLEGATION(S):

1	Staff do not provide adequate food service
2	Staff do not ensure residents' medication is given in a timely manner
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rose Ruppert made an unannounced visit to investigate a complaint that was received in the Regional Office. LPA was greeted and granted entry by the Concierge at 8am.
2	LPA met with Executive Director (ED) Cynthia Figueroa and explained the purpose of the visit.
3	
4	
5	LPA obtained the resident roster, a care staff schedule for December 2025 and a care staff roster with phone numbers. LPA also requested additional Unusual Incident Reports that were sent to the office on December 15, 2025, Resident room cleaning/linen schedules and Resident laundry schedules. LPA also reviewed three of three resident records and three of three staff records and an In-service manual.
6	
7	
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9	
10	It was alleged that Staff do not provide adequate food service. LPA interviewed the Culinary Experience Director and was invited to observe meals. LPA toured Memory Care (MC) at 8:20am and learned the hot box with breakfast items was delivered at 8am. LPA observed eight residents eating breakfast and asked
11	(Continued on LIC 9099-C)
12	
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: RoseMarie Ruppert
LICENSING EVALUATOR SIGNATURE:

DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/16/2025

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-20251210102834

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: COGIR OF BREA

FACILITY NUMBER: 306006344

VISIT DATE: 12/16/2025

NARRATIVE

1 (Continued from LIC 9099)
2 three of three residents if they enjoyed their breakfast. Three of three residents stated the food was
3 good but the food was lukewarm and not hot. LPA inquired if residents would like the food to be hotter
4 and all stated No.
5
6 LPA also checked the refrigerator in Memory Care that stores snacks overnight for MC residents. Staff
7 are able to contact the kitchen if the refrigerator needs to be stocked and culinary checks the MC
8 refrigerator at 2:30pm. At 6:30pm, prior to the kitchen closing, culinary stocks the MC refrigerator with
9 sandwiches, fruits and drinks for residents to snack on overnight; if they are hungry. LPA did observe
10 snack and drink items in the refrigerator.
11
12 At 11:50am LPA observed residents eating lunch in Memory Care. The hot box temperature was at 117
13 degrees and LPA felt inside the box and found it to be hot. LPA again interviewed residents at lunch time
14 and most stated their food was warm, not hot. LPA asked if residents wanted the food to be warmed up
15 and again, all residents stated they were fine. Based on six of six resident interviews and nine of nine
16 staff interviews, the allegation that Staff do not provide adequate food service is Unsubstantiated.
17
18 It was alleged that Staff do not ensure residents' medication is given in a timely manner. LPA interviewed
19 six of six care staff who denied this allegation. In Memory Care, the Med Tech has the Memory Care
20 Coordinator as a back-up to provide medications in a timely manner. Medications have a one hour
21 window before the medication time is given; as well as a one hour window after the medication is to be
22 given. There have been no incidents where residents in Memory Care are not receiving their meds. One
23 of six residents interviewed stated they do not get medications in a timely manner and has to wait at
24 least two hours. Five of six residents did not have issues with medications. Nine of nine staff interviews
25 also denied this allegation. Thus the allegation that Staff do not ensure residents' medication is given in
26 a timely manner is Unsubstantiated.
27
28 Based on LPA observations, record review and interviews, although the allegations above may have
29 happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or
30 did not occur. Therefore, the allegations that Staff do not provide adequate food service and Staff do not
31 ensure residents' medication is given in a timely manner are Unsubstantiated. An exit interview was
32 conducted with Executive Director, Cynthia Figueroa, and a copy of this report and LIC 811 was
provided to the facility.

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: RoseMarie Ruppert
LICENSING EVALUATOR SIGNATURE:

DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/16/2025