

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 306006387  
Report Date: 01/24/2025  
Date Signed: 01/24/2025 03:40:27 PM

## Unsubstantiated

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 **01/21/2025** and conducted by Evaluator Sean Haddad

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 22-AS-20250121100704</b>
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<b>FACILITY NAME:</b> ANAHEIM VILLA	<b>FACILITY NUMBER:</b> 306006387
<b>ADMINISTRATOR:</b> PARK, YOUNG	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 3411 W BALL ROAD	<b>TELEPHONE:</b> (714) 821-9660
<b>CITY:</b> ANAHEIM	<b>ZIP CODE:</b> 92804
<b>CAPACITY:</b> 210	<b>DATE:</b> 01/24/2025
<b>MET WITH:</b> Darlene Lindley	<b>UNANNOUNCED TIME BEGAN:</b> 07:37 AM
	<b>TIME COMPLETED:</b> 03:55 PM

**ALLEGATION(S):**

1	Staff did not meet the resident's needs.
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**INVESTIGATION FINDINGS:**

1	This unannounced inspection is being conducted by Licensing Program Analysts (LPAs) Sean Haddad and Hanna Gough for the purpose of investigating the above-mentioned complaint allegation. LPAs met with Administrator (AD) Darlene Lindley, discussed the purpose of the inspection, and explained the allegation.
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6	The investigation into the allegation that staff did not meet the resident's needs revealed the following:
7	During the course of the investigation, LPAs inspected the facility, interviewed AD, residents, staff, and witnesses, and obtained and reviewed copies of the resident roster, staff roster, Resident #1's (R1) Skilled Nursing Facility Discharge Paperwork dated June 6, 2024, R1's Orientation/In-Service Training dated June 7, 2024, a facility incident report dated June 10, 2024, R1's Preplacement Appraisal dated June 6, 2024, R1's Appraisal dated June 6, 2024, R1's Appraisal/Needs and Services Plan dated June 6, 2024, a facility incident report dated October 5, 2024, R1's Preplacement Appraisal dated January 18, 2025, R1's Appraisal/Needs and Services Plan dated January 18, 2025, a facility incident report dated January 20, 2025, and the facility's Memory Care Headcount Logs.
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**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Armando J Lucero

**NAME OF LICENSING PROGRAM ANALYST:** Sean Haddad

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 01/24/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/24/2025

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 3

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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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** ANAHEIM VILLA

**FACILITY NUMBER:** 306006387

**VISIT DATE:** 01/24/2025

### NARRATIVE

1 It was alleged that R1 had three falls since July 2024, R1 is often left alone at the facility, and staff  
2 ignore R1's toileting needs. LPAs inspected the facility, conducted health and safety checks on residents  
3 present, and observed no health and safety issues. LPAs inspected R1's room, noted R1 is not currently  
4 present at the facility, and observed a hospital bed with a half bedrail, a fall mat, and a walker in R1's  
5 room. LPAs interviewed AD who stated R1 moved in on June 6, 2024, and was noted as a fall risk. LPAs  
6 reviewed R1's Skilled Nursing Facility Discharge Paperwork dated June 6, 2024, which states R1 has a  
7 history of falls and fractures, and requires assistance with mobility, transfers, and toileting. LPAs  
8 reviewed R1's Orientation/In-Service Training dated June 7, 2024, which indicates the facility had a fall  
9 prevention plan and staff were trained on how to meet R1's needs. However, despite the fall prevention  
10 plan, per AD, shortly after moving in, R1 had their first fall. LPAs reviewed a facility incident report dated  
11 June 10, 2024, which states R1 had an unwitnessed fall on June 7, 2024, which resulted in a wrist  
12 sprain. After this fall, R1's fall prevention plan was updated. LPAs reviewed R1's Preplacement Appraisal  
13 dated June 6, 2024, R1's Appraisal dated June 6, 2024, and R1's Appraisal/Needs and Services Plan  
14 dated June 6, 2024, which document R1's fall prevention plan was updated to include a hospital bed  
15 with half bed rails, bed alarms, a walker, and checks every 15 minutes. Per AD, after these fall  
16 prevention precautions were put in place, R1 did not have another fall until October 5, 2024. LPAs  
17 reviewed a facility incident report dated October 5, 2024, which states that on October 5, 2024, R1 was  
18 found on the floor and taken to the hospital. Per AD, R1 was diagnosed with a hip fracture as a result of  
19 this fall, was treated at a hospital, and continued treatment at a skilled nursing facility until January 17,  
20 2025. Per AD, R1 was brought back to the facility on January 18, 2025, with updated fall precautions.  
21 LPAs reviewed R1's Preplacement Appraisal dated January 18, 2025, and R1's Appraisal/Needs and  
22 Services Plan dated January 18, 2025, which document that R1's fall prevention plan was updated to  
23 include bed-to-chair standby assist. However, per AD, R1 had another fall shortly after returning to the  
24 facility. LPAs reviewed a facility incident report dated January 20, 2025, which states that R1 had a  
25 witnessed and assisted fall on January 19, 2025 and sent to the hospital. Per AD, R1 was released from  
26 the hospital, is not currently at the facility, and the facility will reassess whether it can meet R1's needs.  
27 Per AD and staff interviews, memory care residents are checked on every 15 minutes. LPAs reviewed  
28 the facility's Memory Care Headcount Logs which corroborate that memory care residents are checked  
29 on every 15 minutes. Per witness interviews, there are no concerns regarding the fall prevention plan  
30 put in place by the facility. LPAs interviewed AD and three staff who denied that R1 was left alone or that  
31 R1's toileting needs were ignored. LPAs interviewed one witness who did not corroborate the allegation.  
32 LPAs interviewed seven residents who did not corroborate the allegation.

**NAME OF LICENSING PROGRAM MANAGER:** Armando J Lucero

**NAME OF LICENSING PROGRAM ANALYST:** Sean Haddad

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 01/24/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/24/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

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**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** ANAHEIM VILLA**FACILITY NUMBER:** 306006387**VISIT DATE:** 01/24/2025**NARRATIVE**

1 Although R1 had falls on June 7, 2024, and October 5, 2024, the facility had a proper fall prevention  
 2 plan in place which it updated in response to R1's falls in order to address R1's fall risk and the fall on  
 3 January 19, 2025, was witnessed and assisted, which means it could not have been prevented by the  
 4 fall prevention plan. The information obtained did not corroborate the allegation.  
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 6 Based on the information gathered during the investigation and review of all documents obtained, the  
 7 Department is unable to ascertain if the above allegation occurred as reported. Although the allegation  
 8 may have happened or is valid, there is not a preponderance of evidence to prove or refute the alleged  
 9 violation occurred; therefore, this allegation is deemed Unsubstantiated. An exit interview was  
 10 conducted and a copy of this report was discussed with and provided to facility representative.  
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**NAME OF LICENSING PROGRAM MANAGER:** Armando J Lucero**NAME OF LICENSING PROGRAM ANALYST:** Sean Haddad**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 01/24/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/24/2025