

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006417
Report Date: 08/25/2026
Date Signed: 08/25/2026 12:55:17 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 08/05/2026 and conducted by Evaluator RoseMarie Ruppert

	COMPLAINT CONTROL NUMBER: 22-AS-20260805093146
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FACILITY NAME:	GOLDEN YEARS GROUP	FACILITY NUMBER:	306006417
ADMINISTRATOR:	ATTRAH, AMEER	FACILITY TYPE:	740
ADDRESS:	507 S. CITADELL LANE	TELEPHONE:	(657) 221-3232
CITY:	ANAHEIM	ZIP CODE:	92806
CAPACITY:	6	DATE:	08/25/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	11:00 AM
	CENSUS: 6	TIME	01:00 PM
MET WITH:	Ameer Attrah, Administrator	COMPLETED:	

ALLEGATION(S):

1	Staff are not providing a sufficient amount of food to resident
2	Staff is not providing incontinent care
3	Staff withholds residents personal phone
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rose Ruppert made an unannounced subsequent complaint visit to
2	deliver findings. LPA was greeted and granted entry by Staff #1 (S1) at 11am. LPA spoke with
3	Administrator (AD) Ameer Attrah and explained the purpose of the visit.
4	
5	LPA reviewed three of three resident files which included: Identification and Emergency Information
6	Form, Medical Assessments, Pre-Admission Appraisal, Resident Appraisal and Appraisal Needs and
7	Services Plans. LPA reviewed Admissions Agreements, Personal Rights and Resident Personal Property
8	and Valuables forms, Incident Reports and Personal Rights. Currently the facility has a census of six
9	residents in care.
10	
11	It was alleged that Staff are not providing a sufficient amount of food to resident. LPA toured the facility
12	on August 6, 2026 from 3-4:30pm and observed Staff #1 (S1) cooking dinner with fresh vegetables and
13	meat.
	(Continued on LIC 9099-C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: RoseMarie Ruppert	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/25/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/25/2026

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 2
Control Number 22-AS-20260805093146

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: GOLDEN YEARS GROUP	FACILITY NUMBER: 306006417
	VISIT DATE: 08/25/2026

NARRATIVE	
1	(Continued from LIC 9099)
2	
3	During today's visit LPA arrived at 11am and observed breakfast for Resident #2 which included eggs,
4	oatmeal, toast and fresh cantaloupe that was recently served. LPA noted the plate was empty. Staff #1
5	(S1) was preparing lunch on the stove with a meat, vegetable and starch from scratch. LPA interviewed
6	three of three residents who stated they are given plenty of food. Two of three residents had family
7	members who bring additional food per residents' request. Three of three staff members interviewed
8	denied this allegation. LPA observed the facility had ample food with two days of perishable food items
9	and seven days of non perishables. LPA obtained a weekly food menu and residents confirmed they
10	were being fed the items on the menu. One witness interviewed could not confirm, nor deny this
11	allegation.
12	
13	It was alleged that Staff is not providing incontinent care. LPA spoke with three of three residents
14	regarding incontinent care. Two of three residents denied this allegation and are changed in a timely
15	manner. One of three residents is able to go the restroom independently. Three of three staff members
16	interviewed stated incontinence care is provided. Staff frequently check on residents and can smell if a
17	change is needed. Residents also tell staff if a change is needed. Three of three staff members denied
18	this allegation. One witness could not confirm or deny this allegation.
19	
20	LPA investigated the allegation that Staff withholds resident's personal phone. LPA interviewed three of
21	three residents who all denied this allegation and stated they have their personal cell phones with them
22	at all times. Occasionally, the residents will ask staff to place the phone on the charger. LPA interviewed
23	three of three staff members who denied this allegation. LPA interviewed one witness who stated they
24	have heard this has happened but has not witnessed this. LPA also reviewed the Personnel file for one
25	of one staff member which include the: Personnel Record, Health Screening Report and Tuberculosis,
26	and Caregiver Personal Rights Training. There are no employee action forms on file. LPA also obtained
27	the facility client roster and staff roster.
28	
29	Based on LPA's observations, interviews and file reviews the allegations that: Staff are not providing a
30	sufficient amount of food to resident, Staff is not providing incontinent care and Staff withholds residents
31	personal phone are Unsubstantiated. The allegations may have happened or are valid, but there is not a
32	preponderance of the evidence to prove that the alleged violations occurred. An exit interview was
	conducted with Administrator Ameer Attrah and a copy of this report was provided to the facility.

SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: RoseMarie Ruppert	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/25/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/25/2026