

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006473

Report Date: 03/11/2026

Date Signed: 03/11/2026 03:25:09 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/03/2026** and conducted by Evaluator Claudia Gutierrez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260303085841
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FACILITY NAME: CRESCENDO SENIOR LIVING	FACILITY NUMBER: 306006473
ADMINISTRATOR: GALAL, LAUREL	FACILITY TYPE: 740
ADDRESS: 351 EAST PALM DRIVE	TELEPHONE: (714) 528-4990
CITY: PLACENTIA	ZIP CODE: 92870
CAPACITY: 210	DATE: 03/11/2026
MET WITH: Laurie Galal	UNANNOUNCED TIME BEGAN: 11:09 AM
	TIME COMPLETED: 03:40 PM

ALLEGATION(S):

1	Staff does not ensure facility plumbing is in good repair.
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INVESTIGATION FINDINGS:

1	An unannounced Complaint Investigation was conducted on this day regarding the allegation mentioned
2	above by Licensing Program Analyst (LPA) Claudia Gutierrez. LPA met with Executive Director (ED)
3	Laurie Galal and the purpose of the inspection was discussed.
4	
5	Interviews were conducted with eight facility residents and four staff. During their interview, Resident (R1)
6	stated they have had plumbing issues on and off during the entire time they have been residing at the
7	facility, approximately five years. Per R1, in January 2026, the floor in their bedroom and bathroom
8	became flooded and they were informed the leak was coming from Resident 2's (R2's) and Resident 3's
9	(R3's) bathroom. R1 stated they were hospitalized in February 2026 and a dry washcloth was placed
10	next to their bathroom sink and it should have been dry as no one should have been using the sink in
11	their bathroom, however, the washcloth was wet. Per R1, Resident 4 (R4) and Resident 5 (R5) have also
12	had plumbing issues, as well as Resident 6 (R6), however, R6 recently passed away and could not be
13	interviewed. (Cont. LIC9099-C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Claudia Gutierrez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/11/2026

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-20260303085841

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: CRESCENDO SENIOR LIVING

FACILITY NUMBER: 306006473

VISIT DATE: 03/11/2026

NARRATIVE

1 During their interview, Resident 2 (R2) denied personally having any plumbing issues in their room and
2 was unable to confirm or deny if any other residents have had plumbing issues. Resident 3 (R3) denied
3 having any plumbing issues and stated they were unaware if any other residents have had plumbing
4 issues. During their interview, R4 stated their room became flooded after a pipe in R5's room burst
5 approximately three months, however, stated they have not had any plumbing issues since. During their
6 interview, R5 was unable to confirm or deny if they have had any plumbing issues or if the pipe in their
7 room burst. Three additional facility residents were interviewed and denied personally having any
8 plumbing issues and denied having any knowledge of any other resident having plumbing issues. During
9 the course of the investigation, LPA did not observe any plumbing issues at the facility and observed
10 resident bathroom and bedroom floors to be free of any liquids, fluids, or puddles. During their interview,
11 two of four staff interviewed denied having any knowledge of any plumbing issues at the facility. During
12 their interview, Staff 3 (S3) denied a pipe bursting in any resident's room and denied the facility having
13 any chronic or recurring plumbing issue. S3 stated although residents' toilets do occasionally clog, due
14 to large wipes down being flushed the toilet, the toilets are unclogged immediately by Staff 4 (S4).
15 During their interview, S4 denied a pipe bursting in any resident's room and denied the facility having
16 any chronic or recurring plumbing issue. Per S4, residents' toilets do clog occasionally, due to large
17 wipes down being flushed the toilet, however, stated the toilets are immediately unclogged by them
18 personally or a professional plumber, in the event they are unable to unclog the toilet themselves.

20 Due to the allegation being uncorroborated during interviews conducted, the Department is unable to
21 determine if Staff does not ensure facility plumbing is in good repair. Although the above allegation may
22 have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or
23 did not occur, therefore at this time the above allegation is unsubstantiated.

25 An exit interview was conducted and copy of this report was provided at the end of the inspection.

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Claudia Gutierrez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/11/2026

LIC9099 (FAS) - (06/04)

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