

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006473
Report Date: 08/13/2026
Date Signed: 08/13/2026 04:15:25 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 05/14/2026 and conducted by Evaluator Claudia Gutierrez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260514112026
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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: 08/13/2026
	UNANNOUNCED TIME BEGAN: 11:01 AM
MET WITH: Alex Gutierrez	TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1	Facility locked resident inside a room.
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INVESTIGATION FINDINGS:

1	An unannounced Complaint Investigation was conducted on this day by Licensing Program Analyst (LPA)
2	Claudia Gutierrez for the purpose of delivering findings. LPA met with Wellness Director (WD) Alex
3	Gutierrez and explained the purpose of the inspection.
4	
5	Complaint alleges Facility locked Resident 1 (R1) inside their room.
6	
7	During the course of the investigation, LPA conducted a tour of the facility and observed resident room
8	doors automatically lock from the outside, however, they remain unlocked from the inside, regardless of
9	the positioning of the locking mechanism on the doorknob, and residents are able to open their bedroom
10	doors by simply turning the doorknob. Interviews were conducted with seven facility residents, three staff,
11	and one witness. Five of seven residents interviewed denied being locked inside their room and denied
12	having any knowledge of any resident being locked inside their room. Two of seven residents were
13	unable to confirm or deny allegation. (Cont. LIC9099-C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lourdes Montoya	
LICENSING EVALUATOR NAME: Claudia Gutierrez	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/13/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/13/2026

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-20260514112026

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CRESCENDO SENIOR LIVING	FACILITY NUMBER: 306006473
	VISIT DATE: 08/13/2026

NARRATIVE	
1	Per three of three staff interviewed, the locking mechanism on resident room doors is meant to protect
2	residents' privacy and safeguard personal belongings and is not designed to lock residents in. Three of
3	three staff denied witnessing or having any knowledge of any resident being locked inside their room.
4	
5	During interview, R1's responsible party, Witness 1 (W1), stated they spent the night at the facility with
6	R1 for six weeks and did not observe R1 or any other resident being locked inside their room. W1
7	denied ever witnessing R1's doorknob being placed on backwards to lock R1 inside their room. LPA
8	attempted to interview R1, however, R1 no longer resides at the facility and a phone number where they
9	could be reached was not available.
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11	Based on information gathered, the Department did not find sufficient evidence to support the allegation,
12	"Facility locked resident inside a room". Although the allegation may have happened or is valid, there is
13	not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the above
14	allegation is Unsubstantiated.
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16	An exit interview was conducted and copy of this report was provided at the end of the inspection.
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LICENSING EVALUATOR NAME: Claudia Gutierrez	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/13/2026
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