

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 300603257

Report Date: 02/03/2026

Date Signed: 02/03/2026 03:40:07 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 **06/06/2024** and conducted by Evaluator Alvaro Ramirez Jr.

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20240606125839
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FACILITY NAME: REGENTS POINT	FACILITY NUMBER: 300603257
ADMINISTRATOR: FORNEY, MELINDA M	FACILITY TYPE: 741
ADDRESS: 19191 HARVARD AVENUE	TELEPHONE: (949) 854-9500
CITY: IRVINE	STATE: CA
CAPACITY: 399	ZIP CODE: 92612
	CENSUS: 327
	DATE: 02/03/2026
	UNANNOUNCED TIME BEGAN: 12:40 PM
MET WITH: Sheila Weathers-Nurse Manager, Ashley Croslin-Wellness Director	TIME COMPLETED: 03:55 PM

ALLEGATION(S):

1	Residents were not evaluated for proper medical care.
2	Residents were not receiving hygiene care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Alvaro Ramirez, Jr. conducted an unannounced visit to deliver findings
2	on the above allegations received on June 6, 2024. LPA was greeted and granted entry into the facility
3	and met with Nurse Manager (NM) Sheila Weathers, Wellness Director Ashley Croslin and Executive
4	Director (ED) Melinda Forney. LPA explained the reason for the visit.
5	
6	This Department has investigated the complaint alleging that Residents were not evaluated for proper
7	medical care. Regarding the allegation the following was revealed: During the course of the interviews
8	with individuals ten of eleven individuals interviewed denied the allegations. During the investigation LPA
9	reviewed the Regents Points Resident roster dated June 12, 2024. Per Resident roster, three of four
10	residents mentioned on the complaint are not residents at Regents Point, #300603257. LPA was able to
11	interview Resident 4 (R4) who matches one of the resident names. R4 denied the allegations. During the
12	interviews with staff, Staff 1 (S1) reported that the residents are being evaluated for proper medical care.
13	CONTINUED ON LIC9099-C...

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Alvaro Ramirez Jr.
LICENSING EVALUATOR SIGNATURE:

DATE: 02/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/03/2026

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-20240606125839

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: REGENTS POINT

FACILITY NUMBER: 300603257

VISIT DATE: 02/03/2026

NARRATIVE

1 S2 stated that staff do a good job at assessing the residents and determining if a resident needs to go to
2 the Hospital.
3

4 Regarding the allegation that Residents were no receiving hygiene care, the following was revealed:
5 During the course of the interviews with residents, R4 reported that she does not need much assistance
6 and stated that her hygiene needs are being met. Per R5 through R9, they are receiving hygiene care
7 and/or reported that they get assistance with showers, with washing their clothes and bedding and with
8 cleaning their apartment. During the interviews with staff, S1 reported that staff follow a shower
9 schedule. S1 stated that housekeeping cleans the apartment and stated that the laundry staff assist with
10 washing the bedding and clothes. Per S2, staff help the residents with their shower and reported that
11 some residents refuse to shower.
12

13 Based on the information gathered during the investigation and review of documents obtained, LPA is
14 unable to ascertain if the allegations occurred as reported due to conflicting information. Although the
15 allegations may have happened or are valid, there is not a preponderance of the evidence to prove or
16 refute the alleged violations occurred; therefore, these allegations are deemed UNSUBSTANTIATED.
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18 For today's visit, there were no citations issued per Title 22, Division 6 of the California Code of
19 Regulations.
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21 LPA conducted an exit interview with facility representative, and a copy of this report was provided to the
22 facility.
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SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Alvaro Ramirez Jr.
LICENSING EVALUATOR SIGNATURE:

DATE: 02/03/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/03/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 2