

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 300603257
Report Date: 07/20/2026
Date Signed: 07/20/2026 03:52:43 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 **03/20/2026** and conducted by Evaluator Ruth Martinez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260320144228
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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	ZIP CODE: 92612
CAPACITY: 399	CENSUS: 328	DATE: 07/20/2026
	UNANNOUNCED	TIME BEGAN: 03:00 PM
MET WITH: Sheila Weathers, Director Wellness		TIME COMPLETED: 04:30 PM

ALLEGATION(S):

1	Facility staff are aggressive with resident.
2	Facility staff did not communicate about the resident's incident appropriately.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ruth Martinez conducted an unannounced visit to the facility to
2	conclude investigation into the above identified complaint allegations. LPA spoke with Melinda Forney,
3	Executive Director and Sheila Weathers, Director Wellness, and explained the purpose of the visit.
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5	Findings are based upon this investigation which included tour of the facility, facility file review, resident
6	file review, interviews conducted, and copies of pertinent records.
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8	It is alleged that facility staff are aggressive with resident. Record review progress notes revealed the
9	following: February 8, 2026, Charge nurse tried to calm the resident (R1) down, but the resident did not
10	want to let go of the blanket. The resident tried striking at the charge nurse. Charge nurse assisted the
11	resident by taking R1 outside, but the resident kept going in circle. Charge nurse called the son and
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kevin Saborit-Guasch	
LICENSING EVALUATOR NAME: Ruth Martinez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/20/2026

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 3
Control Number 22-AS-20260320144228

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: REGENTS POINT	FACILITY NUMBER: 300603257
	VISIT DATE: 07/20/2026

NARRATIVE	
1	when the charge nurse passed the phone to the resident to talk to the son the resident hides the nurse's
2	station phone inside their bag. Charge nurse tried to retrieve the phone, but the resident started striking
3	at the nurse. After a couple minutes of the resident holding onto the phone and striking at the nurse, the
4	charge nurse got the bag from the resident and retrieved the phone from the resident. February 16,
5	2026, Resident demanded to go back to bed. It was also observed by this nurse and CNA that resident
6	was hitting themselves (right hand to her right leg). This nurse tried to stop the resident. Resident
7	continued and was very upset. February 19, 2026, at 3:38pm resident was observed to be confused and
8	verbalized wanting to go outside "run home". nurse and CNA attempted redirection, however resident
9	became combative, hitting nurse and CNA and striking themselves by hitting their legs. February 24,
10	2026, Resident refused to stay in her room and aide assisted resident to the activity room. Resident was
11	very anxious and agitated. At 1:30pm resident stated that they wanted to go home and resident became
12	combative. Interview with 2 of 2 staff stated that R1 was observed with a change of condition by R1
13	becoming combative, agitated and combative with staff. Facility has cameras in common spaces, and it
14	was observed that videos were looked at and saw nothing but redirecting and there was no aggressive
15	behavior. Interview with 6 of 6 of the residents stated they had not seen staff being aggressive towards
16	any resident.
17	
18	It is alleged that facility staff did not communicate about the residents' incident appropriately. Records
19	review revealed progress notes dates from February 08, 2026, to March 25, 2026, on all incidents staff
20	notified son of R1 of the incidents. On numerous occasions calls went unanswered and voicemail was
21	full so that staff would not be able to leave a message. The notes reflect 2/8/26 charge nurse called son
22	to calm R1 and son came to facility to aid, 2/10/26 unwitnessed fall, daughter in law was in lobby at time
23	of incident and was notified, daughter in law present when paramedics arrived, 2/16/26 at 1:10pm
24	resident tried to walk out of facility and was redirected at 2:24pm son was notified, 2:45pm daughter in
25	law arrived to facility, 2/19/26 resident was combative resident called son and spoke to him, son arrived
26	at 4:00pm to aid with resident, 2/23/26 receive medication change son notified, 2/24/26 resident was
27	agitated and son was notified, medication was updated and son was notified, 3/2/26 resident was
28	anxious son notified and stated they would arrive to facility at 1:00pm, 3/3/26 unwitnessed fall 4:31pm
29	son notified the son at 4:46pm multiple times but calls went straight to voicemail, 3/7/26 resident refused
30	medication son notified and he was ok with resident refusing medication, 3/7/26 unwitnessed fall at
31	3:40pm attempted to notify son from 4:02pm – 4:19pm no answer and voicemail message left at 4:19pm
32	son returned call, 3/7/26 resident had an unwitnessed fall at 10:50pm and attempted to notify son at
	10:59pm and was unable to leave message,

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Control Number 22-AS-20260320144228

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

ORANGE COUNTY RO, 770 THE CITY DR., SUITE
7100
ORANGE, CA 92868

FACILITY NAME: REGENTS POINT

FACILITY NUMBER: 300603257

VISIT DATE: 07/20/2026

NARRATIVE

1 3/8/26 resident was drowsy and refused medication and son was notified and son agreed to refusal,
2 3/10/26 resident had an unwitnessed fall at 10:35pm and son was notified at 11:20pm, 3/12/26 resident
3 had and unwitnessed fall at 5:12pm and son was notified at 5:28pm, 3/21/26 resident had an
4 unwitnessed fall at 12:30am and son notified at 1:10am, and 3/21/26 resident was observed to be
5 anxious son was notified. Interview with 2 of 2 staff stated that family was always notified of incidents,
6 and/or family was present during the incidents.
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8 Based on the information mentioned above, the Department is unable to ascertain if the allegations
9 occurred as reported. Although the allegations may have happened or is valid, there is not a
10 preponderance of evidence to prove or refute the alleged violation occurred; therefore, the allegations
11 are deemed Unsubstantiated.
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13 An exit interview was conducted with the facility representative and a copy of this LIC9099 report was
14 left at facility.
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LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE:

DATE: 07/20/2026

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