

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306000059

Report Date: 01/08/2026

Date Signed: 01/08/2026 04:45:19 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 **01/06/2026** and conducted by Evaluator Sean Haddad

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260106082030
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FACILITY NAME: PARK REGENCY RETIREMENT CENTER	FACILITY NUMBER: 306000059
ADMINISTRATOR: MILES MOURADIAN	FACILITY TYPE: 740
ADDRESS: 1750 W. LA HABRA BLVD.	TELEPHONE: (714) 441-1164
CITY: LA HABRA	ZIP CODE: 90631
CAPACITY: 168	DATE: 01/08/2026
MET WITH: Alex Gutierrez	UNANNOUNCED TIME BEGAN: 07:32 AM
	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Resident did not receive medications timely
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INVESTIGATION FINDINGS:

1	This unannounced inspection is being conducted by Licensing Program Analyst (LPA) Sean Haddad for the purpose of investigating the above-mentioned complaint allegation. LPA met with Wellness Director (WD) Alex Gutierrez, discussed the purpose of the inspection, and explained the allegation.
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5	The investigation into the allegation that a resident did not receive medications timely revealed the following: During the course of the investigation, LPA inspected the facility, interviewed WD, staff, and residents, and obtained and reviewed copies of the resident roster, staff roster, Resident #1's (R1) facility care notes, and R1's Medication Administration Records (MAR).
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10	CONTINUED
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Sean Haddad
LICENSING EVALUATOR SIGNATURE:

DATE: 01/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/08/2026

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-20260106082030

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: PARK REGENCY RETIREMENT CENTER

FACILITY NUMBER: 306000059

VISIT DATE: 01/08/2026

NARRATIVE

1 It was alleged that on January 3, 2026, R1 was sick, did not receive their medications timely, and R1's
2 illness and delayed medications were not reported to R1's doctor. LPA inspected the facility, conducted
3 health and safety checks on residents, including R1, and observed no health and safety issues. LPA
4 reviewed R1's MAR, which did not corroborate that any medications were missed or late. LPA inspected
5 the medications for R1 and four other residents and observed no medication errors. LPA interviewed
6 WD and two staff who denied the allegation. WD stated that on January 3, 2026, they personally gave
7 R1 their morning medications and checked on R1 because it was reported that R1 was sick. LPA
8 interviewed R1 who did not report any issues with missed or delayed medications, but stated that on
9 January 3, 2026, they were having cough and headache symptoms, WD was covering as the
10 medication technician in the memory care unit but left without R1's knowledge, and R1 did not know
11 who to ask for their as-needed medications. When interviewed, WD confirmed that they, along with a
12 trainee, left the facility after the morning and noon medication passes leaving no medication technician
13 in the memory care unit, but stated that all medications had been passed, the assisted living medication
14 technician was present and available for residents, and all care staff have walkie talkies so residents do
15 not need to request anything directly from the medication technicians, as they can request assistance
16 from the caregivers who will call it in to the medication technician. LPA interviewed four other residents
17 who did not report any medication issues. Although R1 was unable to directly request medications from
18 a medication technician, R1 was able to request assistance from caregivers who would have forwarded
19 the request to the medication technician, and R1 confirmed that staff checked on their cough and
20 communicated with their doctor to address their symptoms. LPA reviewed R1's MAR and facility care
21 notes which show the facility was aware of R1's symptoms as of January 2, 2026, provided medications
22 as needed, and properly notified R1's doctor of R1's symptoms and R1's doctor provided additional
23 assessment and treatment.

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25 Based on the information gathered during the investigation and review of all documents obtained, the
26 Department is unable to ascertain if the above allegation occurred as reported. Although the allegation
27 may have happened or is valid, there is not a preponderance of evidence to prove or refute the alleged
28 violation occurred; therefore, this allegation is deemed Unsubstantiated. An exit interview was
29 conducted and a copy of this report was discussed with and provided to facility representative.
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SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Sean Haddad
LICENSING EVALUATOR SIGNATURE:

DATE: 01/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/08/2026

LIC9099 (FAS) - (06/04)

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