

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306001407
Report Date: 06/20/2026
Date Signed: 06/20/2026 06:02:08 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 **05/15/2023** and conducted by Evaluator Arielle Pascua

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20230515104727
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FACILITY NAME: EMERALD COURT	FACILITY NUMBER: 306001407
ADMINISTRATOR:DAIZEL C GASPERIAN	FACILITY TYPE: 740
ADDRESS: 1731 MEDICAL CENTER	TELEPHONE: (714) 778-5100
CITY: ANAHEIM	ZIP CODE: 92801
CAPACITY: 299	DATE: 06/20/2026
	UNANNOUNCED TIME BEGAN: 12:09 PM
MET WITH: Kathleen Panganiban	TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1	Facility is understaffed
2	Staff does not have the proper training.
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INVESTIGATION FINDINGS:

1	On 06/20/2026, Licensing Program Analyst (LPA) Arielle Pascua delivered complaint findings via email.
2	Current census was 230.
3	It was alleged that the facility was understaffed and did not have proper training.
4	LPA Pascua attempted to contact former staff and residents to obtain additional information however all
5	staff and residents were not available for interview or have not been present at the facility since 2023. In
6	addition, a review of facility records did not indicate that the facility was understaffed or did not proper
7	training. Based on the information gathered, the LPA could not corroborate that the facility was
8	understaffed or did not have proper training.
9	As a result of this investigation, this Department found the allegations to be UNSUBSTANTIATED. A
10	complaint allegation finding of Unsubstantiated meant that although the allegations may have happened
11	or was valid, there was not a preponderance of the evidence to prove that the alleged violation occurred.
12	There were no deficiencies observed or cited at this time.
13	Exit Interview, a copy of this report will be mailed to the facility licensee address as well as via email.

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Emerita Curiel

LICENSING EVALUATOR NAME: Arielle Pascua

LICENSING EVALUATOR SIGNATURE:

DATE: 06/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/20/2026

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 1