

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306004796
Report Date: 07/10/2026
Date Signed: 07/10/2026 03:20:50 PM

Substantiated

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 09/19/2024 and conducted by Evaluator Taylor Simerly

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20240919164250
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FACILITY NAME: HUNTINGTON TERRACE		FACILITY NUMBER: 306004796
ADMINISTRATOR: GREGORY CASE		FACILITY TYPE: 740
ADDRESS: 18800 FLORIDA ST		TELEPHONE: (714) 848-8811
CITY: HUNTINGTON BEACH	STATE: CA	ZIP CODE: 92648
CAPACITY: 185	CENSUS: 169	DATE: 07/10/2026
MET WITH: Timarie Morrissey-Business Office Director		UNANNOUNCED TIME BEGAN: 02:43 PM
		TIME COMPLETED: 03:20 PM

ALLEGATION(S):

1	Staff did not administer medication as prescribed.
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INVESTIGATION FINDINGS:

1	On July 10, 2026 at approximately 2:45 PM, LPA Taylor Simerly and LPM Alfonso Iniguez conducted an unannounced subsequent complaint visit. LPA and LPM met with Timarie Morrissey Business Office Director. LPA and LPM explained the purpose of this visit.
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7	The Investigation consisted on: records reviews and residents interviews.
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10	Evaluation Report continues on LIC 9099-C...
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alfonso Iniguez	
LICENSING EVALUATOR NAME: Taylor Simerly	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/10/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/10/2026

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 4
Control Number 22-AS-20240919164250

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: HUNTINGTON TERRACE	FACILITY NUMBER: 306004796
	VISIT DATE: 07/10/2026

NARRATIVE	
1	Investigation Revealed the following:
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3	Allegation: Staff did not administer medication as prescribed.
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5	It was alleged that facility staff did not administer medications as prescribed. During
6	the course of the investigation, LPA Lee reviewed facility records pertaining to
7	resident medications. Based on incident reports provided by the facility on
8	05/22/2026, it was learned that three medication errors occurred during 2024. On
9	01/09/2024, 01/10/2024, 01/11/2024, and 01/13/2024, Resident 1 (R1) was
10	administered an additional dose of Mirtazapine 30 mg. The medication was
11	prescribed as one tablet by mouth at bedtime only; however, it was also
12	administered in the morning. On 10/14/2024 at approximately 2:00 p.m., a
13	medication technician reported to the Health Services Administrator (HSA) that
14	Resident 2 (R2) had been administered the incorrect dosage of Atorvastatin. R2
15	received Atorvastatin 20 mg, however, the physician's order prescribed Atorvastatin
16	10 mg, one tablet by mouth at bedtime. On 05/01/2024 at approximately 9:00 p.m.,
17	Resident 3 (R3) was administered another resident's bedtime medications, including
18	Ativan and Norco.
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20	LPA Lee also reviewed Medication Administration Records (MARs) for seven
21	residents for May 2024 and identified two documentation discrepancies. Resident 4
22	(R4) was prescribed Ocean Blue Omega-3 2100 mg, one capsule by mouth daily,
23	with a start date of 05/02/2024 and an end date of 10/10/2024. The MAR did not
24	have staff initials from 05/02/2024 through 05/06/2024, and no documentation to
25	explain the omission. Resident 5 (R5) was prescribed Methylphenidate 5 mg tablets,
26	two tablets (10 mg) by mouth three times daily, with a start date of 02/29/2024 and
27	an end date of 08/21/2024. The MAR contained no staff initials for the morning,
28	noon, or evening medication passes on 05/02/2024 and from 05/06/2024 through
29	05/16/2024. No notes were documented explaining the missing entries.
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31	Evaluation Report continues on LIC 9099-C...
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SUPERVISORS NAME: Alfonso Iniguez	
LICENSING EVALUATOR NAME: Taylor Simerly	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/10/2026
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NARRATIVE	
1	Based on facility incident reports and the review of resident MARs, the investigation revealed medication administration errors, as a result, the allegation is found to be SUBSTANTIATED, meaning the allegation was found to be valid because the preponderance of evidence standard was met. The following deficiency was cited on the LIC 9099-D pursuant to Title 22, Division 6, of the California Code of Regulations and applicable Health and Safety Code sections. An exit interview was conducted, and a copy of the complaint report was provided via email to Timarie Morrissey Business Office Director
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SUPERVISORS NAME: Alfonso Iniguez	
LICENSING EVALUATOR NAME: Taylor Simerly	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/10/2026
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Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 07/24/2026 Section Cited	1	THIS DOCUMENT WAS AMENDED	1	The Administrator shall conduct an in-
	2	DUE TO INCORRECT CITATION.	2	service training regarding medication
	3	(a) A plan for incidental medical and	3	administration to ensure that residents'

CCR 87465(a)(4)	4 5 6 7	dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following: (4) The licensee shall assist residents with self-administered medications as needed. This was not met as evidence by:	4 5 6 7	medications are administered in accordance with physicians' orders. Copies of the training materials and staff sign-in sheet shall be submitted to the LPM no later than 7/24/26 by 5:00 PM.
	8 9 10 11 12 13 14	Based on record review, the facility reported three medication errors. Additionally, a review of residents' MARs revealed multiple discrepancies involving three residents, indicating that medications were not administered in accordance with physicians' orders. This poses a potential health and safety risk to residents in care.	8 9 10 11 12 13 14	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Czarrina A Camilon-Lee LICENSING EVALUATOR NAME: Pang Lee LICENSING EVALUATOR SIGNATURE:		DATE: 07/10/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 07/10/2026