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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005154
Report Date: 03/10/2026
Date Signed: 03/10/2026 02:33:46 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/08/2025** and conducted by Evaluator Ruth Martinez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20251208134641

FACILITY NAME:	NEWPORT BEACH MEMORY CARE		**FACILITY NUMBER:**	306005154
ADMINISTRATOR:	CONSTANTIN, MARIA		**FACILITY TYPE:**	740
ADDRESS:	1000 HALYARD		**TELEPHONE:**	(949) 220-9700
CITY:	NEWPORT BEACH	**STATE:** CA	**ZIP CODE:**	92663
CAPACITY:	42	**CENSUS:** 25	**DATE:**	03/10/2026
		UNANNOUNCED	**TIME BEGAN:**	01:35 PM
MET WITH:	Maria Constantin		**TIME COMPLETED:**	03:10 PM

ALLEGATION(S):

1 Staff did not administer medications to residents in care.
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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 allegation. LPA spoke with Maria Constantin,
3 Executive Director and explained the purpose of the visit.
4
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.
7
8 It is alleged that staff did not administer medication to residents in care, specifically to not having staff to
9 hand out medication to residents. Record review revealed that facility has six medication techs on the
10 schedule and there are at least two medication techs per shift. Interview with staff stated that
11
12 Continue LIC9099-C
13

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE:
DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 03/10/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 22-AS-20251208134641

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

FACILITY NAME: NEWPORT BEACH MEMORY CARE **FACILITY NUMBER:** 306005154
VISIT DATE: 03/10/2026

NARRATIVE

caregivers are cross trained with medication in the event that they need assistance with medication distribution. Interview with 4 of 4 residents stated that they always get their medication from staff when staff hands them their meds from a cart. LPA toured the physical plant of the facility and observed that there is medication rooms in the facility and there is medication carts that are utilized for medication distribution. At the time of visit LPA observed a medication tech on the second floor using a med cart and handing out medication to residents. LPA obtained MAR record for 6 residents for October to December 2025 and they reflect all medication given as prescribed.

Based on the information mentioned above, the Department is unable to ascertain if the allegation occurred as reported. Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove or refute the alleged violation occurred; therefore, this allegation is deemed Unsubstantiated.

An exit interview was conducted with the Executive Director and a copy of this LIC9099 report was left at facility.

SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE:
DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 03/10/2026