

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 306005275

Report Date: 01/30/2026

Date Signed: 01/30/2026 01:18:59 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/22/2021** and conducted by Evaluator Jenifer Tirre

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 22-AS-20210722082817</b>
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<b>FACILITY NAME:</b> MERRILL GARDENS AT HUNTINGTON BEACH	<b>FACILITY NUMBER:</b> 306005275
<b>ADMINISTRATOR:</b> JOHNSON, JILL	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 17200 GOLDENWEST ST	<b>TELEPHONE:</b> (714) 842-6569
<b>CITY:</b> HUNTINGTON BEACH	<b>STATE:</b> CA <b>ZIP CODE:</b> 92647
<b>CAPACITY:</b> 150	<b>CENSUS:</b> 115 <b>DATE:</b> 01/30/2026
<b>MET WITH:</b> General Manager Nestor Mendez	<b>UNANNOUNCED TIME BEGAN:</b> 07:19 AM
	<b>TIME COMPLETED:</b> 01:30 PM

#### ALLEGATION(S):

1	Facility is not properly staffed
2	Facility did not meet residents needs
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jenifer Tirre made unannounced visit to deliver findings on an investigation completed by the Department. LPA Tirre discussed complaint findings with General
2	Manager Nestor Mendez and the following was determined:
3	During the course of investigation, the Department interviewed staff & residents, and reviewed records.
4	Department received Resident Roster, staff schedules, Assesment and Physician's Report. The
5	investigation conducted revealed the following:
6	
7	
8	On July 22, 2021, the department received a complaint alleging that facility is not properly staffed and
9	Facility did not meet residents needs. Interviews were conducted with facility staff & residents and records
10	were reviewed. The following were mentioned and noted per allegations:
11	Regarding allegation Facility is not properly staff, It was reported that not enough staff was working in the
12	facility. Per interviews conducted with residents, Eight residents were interviewed. Four of eight residents
13	stated that facility is short staffed. CONTINUED ON 9099C

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Lourdes Montoya  
**LICENSING EVALUATOR NAME:** Jenifer Tirre  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/30/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/30/2026

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-20210722082817**

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 (Cont)

**FACILITY NAME:** MERRILL GARDENS AT HUNTINGTON BEACH

**FACILITY NUMBER:** 306005275

**VISIT DATE:** 01/30/2026

### NARRATIVE

- 1 When residents were asked how facility was short staffed, residents replied that facility doesn't have  
2 enough servers for meals. Seven of Eight residents interviewed stated that there are staff available to  
3 them if need assistance.  
4  
5 Per interviews conducted with Staff, Seven staff members were interviewed. Seven of Seven Staff  
6 stated that most of the Assisted living side of facility is Independent while Memory Care side is fully  
7 dependent. Three of Seven staff stated that about 20% of residents in Assisted Living side of facility  
8 require care services for Activities of Daily Living (ADL's). Five of Seven staff stated that facility has on  
9 AM shift two Caregivers and one Medication Technician in Assisted living and three Caregivers and one  
10 Medication Technician in Memory Care. Staff stated that for PM shift the numbers drop to two  
11 Caregivers, one reliever staff and one Medication Technician for PM and NOC shifts.  
12  
13 Staff interviews revealed that facility used agency in the past whenever there was an outbreak of flu or  
14 covid amongst reason for staff calling off.  
15  
16 Per Record Review, Department observed that in July of 2021 Assisted Living schedule shows that  
17 three caregivers were present on both sides for AM/PM shifts with one Medication Technician. Schedule  
18 shows NOC shift had one caregiver per side and one Medication Technician for entire building. Assisted  
19 Living Shower Schedule showed that in July of 2021, 27 residents required showering services. Staff  
20 Rosters from 2021 show that facility has eight care staff in Assisted Living and eleven in Memory Care.  
21 Recent Facility schedules for the year of 2025 were obtained and Department observed coverage for  
22 both Assisted Living and Memory Care, staff was providing care.  
23  
24 **Regarding Allegation Facility did not meet residents needs:** It was reported that Resident 1 (R1)  
25 was left all night with a soiled diaper and on different occasion it took staff one and half hours to help  
26 transfer R1 from recliner to bed, as a result it was reported that residents were not having their needs  
27 being met by staff.  
28  
29 Per interviews conducted with residents, Eight Residents were interviewed. Eight of eight residents  
30 stated that their needs were being met by facility staff. Residents stated that meals were being provided  
31 and care was available to to them such as showering if needed by staff. R1 stated that they get meals,  
32 assistance with medications and help with the bathroom. R1 stated they feel safe and that staff are nice  
and helpful to them.  
  
CONTINUED ON 9099C

**SUPERVISORS NAME:** Lourdes Montoya  
**LICENSING EVALUATOR NAME:** Jenifer Tirre  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/30/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/30/2026

LIC9099 (FAS) - (06/04)

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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  
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**FACILITY NAME:** MERRILL GARDENS AT HUNTINGTON BEACH

**FACILITY NUMBER:** 306005275

**VISIT DATE:** 01/30/2026

**NARRATIVE**

1 Per interviews conducted with staff, Seven staff were interviewed. Five of Seven staff stated that when  
2 responded to a call or page the expected time to respond is immediately between 5 to 10 minutes.  
3 Three of Seven staff stated that they communicate with each other regarding calls when received. Three  
4 of Seven staff stated that when R1 was on Assisted Living side, resident was very independent and one  
5 staff stated that they had helped R1 with soiled diaper on one occasion. Three of seven staff stated that  
6 R1 needed full assistance once in Memory care side. Seven of seven staff stated they all feel they are  
7 meeting the needs of the residents who require care services.  
8  
9 Per Record review, facility did not have incident reports to provide related to R1. Per Record review, a  
10 call log for July of 2021 was provided and shows that one emergency call was from Resident 1 room  
11 and log shows it took staff 11 minutes to respond and clear call. Resident Assessment dated 7/6/2021  
12 stated at the time R1 required stand by assistance with toileting, and R1 had no reported incontinence  
13 issues.  
14  
15 Based on information provided, the allegations Facility is not properly staffed and Facility did not meet  
16 residents needs are deemed UNSUBSTANTIATED, meaning that although the allegation may have  
17 happened or are valid, there is not a preponderance of the evidence to prove that the alleged violations  
18 occurred as reported.  
19  
20 An exit interview was conducted with General Manager Nestor Mendez and copy of report was  
21 discussed and provided to Manager.  
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**SUPERVISORS NAME:** Lourdes Montoya  
**LICENSING EVALUATOR NAME:** Jenifer Tirre  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
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**DATE:** 01/30/2026