

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005275
Report Date: 04/02/2026
Date Signed: 04/08/2026 06:07:08 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 **03/07/2022** and conducted by Evaluator Jenifer Tirre

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20220307163225
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FACILITY NAME: MERRILL GARDENS AT HUNTINGTON BEACH		FACILITY NUMBER: 306005275
ADMINISTRATOR: JOHNSON, JILL		FACILITY TYPE: 740
ADDRESS: 17200 GOLDENWEST ST		TELEPHONE: (714) 842-6569
CITY: HUNTINGTON BEACH		ZIP CODE: 92647
CAPACITY: 150		DATE: 04/02/2026
STATE: CA		UNANNOUNCED TIME BEGAN: 07:17 AM
CENSUS: UNANNOUNCED		TIME COMPLETED: 11:30 AM
MET WITH: Executive Director Nestor Mendez		

ALLEGATION(S):

1	Staff are mismanaging resident's medication
2	Staff are not properly documenting the MAR
3	Facility increased resident's rent without proper notification
4	Staff did not assess resident for change in level of care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jenifer Tirre conducted an unannounced visit to deliver findings for
2	complaint investigation. LPA Tirre was greeted and granted entry into the facility by staff and explained
3	reason for visit with Executive Director Nestor Mendez.
4	During the course of investigation, LPA reviewed records and conducted interviews. Department
5	requested pertinent documentation such as Physician's Report, Medication Administration record,
6	Pharmacy Audit forms, Pharmacy Medication Regimen Review forms, resident service agreement,
7	change in services forms and letter from General Manager to responsible parties. The investigation
8	conducted revealed the following:
9	On March 07, 2022, the department received a complaint alleging Staff are mismanaging resident's
10	medication, Staff are not properly documenting the MAR, Facility increased resident's rent without proper
11	notification and Staff did not assess resident for change in level of care.
12	Regarding allegations Staff are mismanaging resident's medication and Staff are not properly
13	documenting the MAR, Record review was conducted and facility provided.....
CONTINUED ON 9099C	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lourdes Montoya	
LICENSING EVALUATOR NAME: Jenifer Tirre	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/02/2026

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 3
Control Number 22-AS-20220307163225

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: MERRILL GARDENS AT HUNTINGTON BEACH	FACILITY NUMBER: 306005275
VISIT DATE: 04/02/2026	

NARRATIVE	
1	Medication Administration Record's for Resident 1 (R1) for December 2021, January 2022, February
2	2022, April 2022 and December 2022. Record review for MAR February 2022 revealed the following
3	with medications in question, inhalers Symbicort and Trelegy. LPA observed two separate MAR's for
4	February 2022, one MAR had a note stating R1's Symbicort inhaler was discontinued on 2/26/2022. On
5	same MAR, shows R1's Trelegy inhaler started on 2/24/2022 with a written note stating "re-write
6	2/26/2022" with initials. Second MAR for R1 shows Trelegy starting on 2/26/2022 with initials dispensed
7	medication. Investigation revealed staff initials are unclear as to who marked each MAR. Guardian
8	Pharmacy Services Audit report states R1 medications were reviewed on 3/10/2022 stating minor
9	instructions regarding R1's Trelegy Inhaler to swish around with water and no other discrepancies were
10	notated on report.
11	
12	Interviews conducted with staff revealed that Medication Technicians, Nurse and Caregivers who have
13	medication training can dispense medication to residents. Staff interviews revealed that staff who
14	dispense meds need to document on an Electronic MAR (E-MAR) and if E-MAR is down or unavailable,
15	staff are to document on paper MAR. Staff interviews stated that staff have to sign off on MAR's
16	regardless if resident takes meds or refuses, there needs to be a signature & note if refused. Interviews
17	with staff stated that in order for new medications to be dispensed, facility needs medication to be
18	uploaded in E-MAR, doctors order, and physical medication needs to be on hand.
19	
20	Interview with witness states that R1 was delivered new inhaler medication on 2/24/2022 and wasn't
21	given until later to start. Witness interview stated that R1's Symbicort medication was discontinued and
22	was still present in R1's room 4 days later. Witness 1 states they feel facility is altering R1's MAR and
23	certain staff aren't qualified to give out meds.
24	
25	<i>Regarding Allegation Facility increased resident's rent without proper notification</i>
26	
27	Record review conducted and LPA observed a notification letter from General Manager stating that a
28	rent increase of \$4275.00 will go into effect January 1, 2023 to December 31, 2023. Letter mentions that
29	rate increases generally occur on anniversary date into community. Interview with Staff 1 stated that
30	Notification of increase was given facility wide to all residents a year in advance due to facility not having
31	fee increases in a long period of time. S1 stated that R1 was given a recent resident level of care
32	increase not rent. Interview with Witness 1 states that when R1 was given March 2022 Bill that a \$1000
	increase in change in level of care that responsible party was not notified.
	CONTINUED ON 9099C

SUPERVISORS NAME: Lourdes Montoya	
LICENSING EVALUATOR NAME: Jenifer Tirre	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/02/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** MERRILL GARDENS AT HUNTINGTON
BEACH**FACILITY NUMBER:** 306005275**VISIT DATE:** 04/02/2026**NARRATIVE**

1 *Regarding Allegation Staff did not assess resident for change in level of care.*
2
3 Record review was conducted and LPA observed R1's Resident Service Agreement dated 12/17/2021
4 with signed signatures from facility, responsible party and resident agreeing that R1 agreed to living
5 accommodations for a care level of 4. LPA observed a Change in services forms dated 1/27/22 and
6 2/6/22 indicated that R1 changed from a level 4 to level 5 showing a care level increase of \$370. A
7 Change in services form dated 3/8/22 shows that R1 went back to a level of 4 care and increase was
8 refunded. R1 had another change in services form dated 6/1/22 changing from level 4 to level 3 with a
9 care decrease of \$380.
10
11 Staff interviews stated that Facility Nurse is the one who assesses residents for changes in level of care.
12 Staff interviews stated that if a change in services form is completed then an assessment was recently
13 conducted for resident. Interview with Witness 1 stated that no assessment was done and that
14 Administrator claimed they completed one on 3/8/22 but Witness stated that Administrator did not wish
15 to show Witness 1.
16
17 Based on the conflicting information gathered from investigation, the allegations Staff are mismanaging
18 resident's medication, Staff are not properly documenting the MAR, Facility increased resident's rent
19 without proper notification and Staff did not assess resident for change in level of care are deemed
20 unsubstantiated, meaning that although the allegations may have happened or are valid, there is not a
21 preponderance of the evidence to prove that the alleged violations occurred as reported.
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23 An exit interview was conducted with Executive Director Nestor Mendez and copy of report was
24 discussed and provided.
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SUPERVISORS NAME: Lourdes Montoya**LICENSING EVALUATOR NAME:** Jenifer Tirre**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/02/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
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