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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005449
Report Date: 07/10/2026
Date Signed: 07/10/2026 03:58:20 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 **04/20/2026** and conducted by Evaluator Samer Haddadin

	COMPLAINT CONTROL NUMBER: 22-AS-20260420152314

FACILITY NAME:	ATRIA NEWPORT PLAZA			**FACILITY NUMBER:**	306005449
ADMINISTRATOR:	GONZALEZ, JOHANNA			**FACILITY TYPE:**	740
ADDRESS:	1455 SUPERIOR AVE			**TELEPHONE:**	(949) 645-6833
CITY:	NEWPORT BEACH	**STATE:** CA		**ZIP CODE:**	92663
CAPACITY:	160	**CENSUS:** 106		**DATE:**	07/10/2026
		UNANNOUNCED		**TIME BEGAN:**	08:30 AM
MET WITH:	Johanna Gonzalez - Executive Director			**TIME COMPLETED:**	12:30 PM

ALLEGATION(S):

1	Staff did not provide adequate supervision
2	Staff did not ensure resident received medical care as needed
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Samer Haddadin conducted an unannounced complaint investigation
2	visit. Upon arrival, LPA met with Executive Director Johanna Gonzalez and explained the purpose of the
3	visit.
4	It was alleged that “Staff did not ensure resident received medical care as needed” and “Staff did not
5	provide adequate supervision.”
6	The complaint stated that Resident 1 (R1) was found unresponsive on the bedroom floor on December
7	30, 2025. Emergency medical personnel transported R1 to the hospital. The complaint further stated that
8	R1 was diagnosed with an influenza infection, cardiac arrest, and brain death and was later pronounced
9	deceased at the hospital. The reporting party (RP) alleged that the facility did not ensure R1 received an
10	influenza vaccination and did not complete required 30-minute room checks, resulting in delayed medical
11	intervention.
12	During the investigation, LPA interviewed four staff members. Four out of four staff members denied the
13	allegations and stated that residents receive appropriate supervision and that staff obtain medical assistance when a resident exhibits a change in condition or requires medical attention. Staff members stated that residents in the memory care unit are checked approximately every two hours. However, the facility does not maintain written records documenting the completion of these routine checks.

LPA also interviewed four residents.
{CONTINUE 9099C}

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Samer Haddadin
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.

Control Number 22-AS-20260420152314

FACILITY NAME: ATRIA NEWPORT PLAZA **FACILITY NUMBER:** 306005449
VISIT DATE: 07/10/2026

NARRATIVE

Four out of four residents denied that staff failed to provide adequate supervision or necessary medical care and stated that staff were available and responsive to their care needs.
LPA reviewed facility records for R1. The records documented that R1 was admitted to the facility on December 10, 2021. An updated Physician's Report dated May 23, 2024, indicated that R1 had dementia and was subsequently relocated to the facility's memory care unit. Facility documentation also reflected that influenza and COVID-19 vaccinations were offered at the facility on October 29, 2025, however, no records showed that R1 received any vaccination.
LPA interviewed R1's Power of Attorney (POA), who is also R1's son. The POA confirmed that R1 was offered an influenza vaccination but could not recall whether R1 received the vaccination. The POA further stated that the facility did its best to care for R1 and that he was satisfied with the care and services provided by the facility.
LPA also reviewed an email communication dated January 3, 2026, between the facility and the POA. In the email, the POA thanked the facility for caring for R1 and expressed appreciation for the care provided following R1's passing.
LPA attempted to contact the RP on April 23, 2026, April 27, 2026, and July 10, 2026. LPA was unable to obtain a statement from the reporting party.
Based on interviews conducted and records reviewed, there was insufficient evidence to establish that staff failed to ensure R1 received necessary medical care or failed to provide R1 with adequate supervision. Although the allegations may have happened or are valid, there is not a preponderance of evidence to prove that the alleged violations occurred. Therefore, the allegations are deemed Unsubstantiated.

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Samer Haddadin
LICENSING EVALUATOR SIGNATURE:
DATE: 07/10/2026

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