

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005730
Report Date: 08/21/2025
Date Signed: 08/21/2025 03:16:11 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 **04/30/2025** and conducted by Evaluator Jenifer Tirre

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20250430164904
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FACILITY NAME: MERIDIAN AT ANAHEIM HILLS, THE	FACILITY NUMBER: 306005730
ADMINISTRATOR: PELLICER, RAY	FACILITY TYPE: 740
ADDRESS: 525 S ANAHEIM HILLS ROAD	TELEPHONE: (714) 974-2226
CITY: ANAHEIM	STATE: CA ZIP CODE: 92807
CAPACITY: 120	CENSUS: 74 DATE: 08/21/2025
MET WITH: Executive Director Ray Pellicer	UNANNOUNCED TIME BEGAN: 01:25 PM
	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Staff member sexually abused resident in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jenifer Tirre conducted an unannounced visit to deliver findings on an
2	investigation completed by the Department. LPA Tirre was greeted and granted entry into the facility by
3	Executive Director Raymond Pellicer and explained the reason for the visit.
4	
5	During the course of the investigation, the Department interviewed staff and residents. During
6	investigation Department reviewed and obtained pertinent documentation including Anaheim Department
7	Police Report, Report of Suspected Abuse, narrative charting notes and shower Records. The
8	investigation conducted revealed the following:
9	
10	On April 30, 2025, the department received a complaint alleging that staff member sexually abused
11	resident (R1) in care. On January 22, 2025, R1 transferred from independent living side to Assisted living
12	side of Meridian at Anaheim hills. CONTINUED ON 9099C
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya

NAME OF LICENSING PROGRAM ANALYST: Jenifer Tirre

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/21/2025

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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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: MERIDIAN AT ANAHEIM HILLS, THE

FACILITY NUMBER: 306005730

VISIT DATE: 08/21/2025

NARRATIVE

- 1 Based off Resident's needs and service plan dated April 4, 2025, "resident is independent with most
- 2 activities of daily living and needs help with PureWick External Female Catheter at night. Female staff
- 3 assist resident. Resident is alert and able to communicate needs. Resident requires one person total
- 4 assist with catheter and bathing twice a week".
- 5
- 6 It was reported that R1 was being showered by Staff member (S1) when they were told to stand up and
- 7 face the wall while S1 proceeded to wash R1's back, buttocks and legs with wash cloth. R1 was
- 8 shocked that S1 would wash them in their private area. It was alleged that after S1 washed backside of
- 9 R1 they reached around to wash front private area to which R1 felt S1 was being rough. R1 stated that
- 10 S1 did not say anything while bathing R1 and R1 did not communicate to S1 to stop.
- 11
- 12 Police Department Report dated April 30, 2025, stated that R1 did not report incident until 3 weeks later
- 13 due to fear of S1 retaliating against them. R1 stated that S1 began cleansing R1's body and made the
- 14 statement "We're going to get nice and clean, we're going to clean the vagina". R1 stated the statement
- 15 made them uncomfortable. R1 stated that S1's hands were where they shouldn't belong and stated that
- 16 S1 began to clean their private area. Police Report also mentioned that R1 stated multiple times
- 17 "Everything is a blur" and when asked about prosecution for incident, R1 stated that they "wanted
- 18 behavior corrected, but without incarceration".
- 19
- 20 Interviews were conducted with seven residents (R2-R8) who also received shower assistance from S1,
- 21 all stated that they do not have any issues with staff while being assisted with showers and have never
- 22 been touched inappropriately by staff.
- 23
- 24 Interview with R1 stated that S1 had assisted them twice with showering and first time there was no
- 25 problems. R1 stated that S1 had assisted with R1's back, buttocks and legs due to R1 unable to reach
- 26 area. R1 could not recall if they were sitting in the shower or standing up. R1 stated that S1 had
- 27 vigorously washed private area and R1 was upset because they did not want staff to wash private area.
- 28 R1 stated that S1 assisted with the catheter without any incident. R1 stated that they did not want S1
- 29 terminated and stated what they believed happened. R1 stated they were satisfied with how facility
- 30 handled situation by removing staff member from assisting R1 with bathing.
- 31
- 32 CONTINUED ON 9099C

NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya

NAME OF LICENSING PROGRAM ANALYST: Jenifer Tirre

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/21/2025

LIC9099 (FAS) - (06/04)

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Control Number 22-AS-20250430164904

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** MERIDIAN AT ANAHEIM HILLS, THE**FACILITY NUMBER:** 306005730**VISIT DATE:** 08/21/2025**NARRATIVE**

1 Interview with Staff 1 (S1) stated that they only showered R1 twice and stated that before alleged
2 incident, R1 has requested different staff members before to help assist with showers. S1 stated that
3 they have R1 sit on shower chair and helps assist with back, legs and feet. S1 stated that while sitting
4 on shower chair R1 will wash their chest and private areas. S1 stated that they rinse R1 with shower
5 head while R1 uses free hand to rinse off private area without assistance from S1. S1 stated they help
6 assist R1 with the PureWick External Female Catheter which they feel is more invasive due to applying
7 catheter to private extremities. S1 stated that no other residents have complained about them when
8 assisting with care.
9

10 Interviews with two staff members revealed that S1 was placed on a two day leave while facility
11 conducted internal investigation. Staff stated that S1 was allowed to return to work but was moved to
12 different location to help assist with Activities of Daily living away from R1. Staff interviews revealed that
13 R1's service plan requires female caregivers to assist with showers. Staff interviews stated that there
14 have been no previous issues with S1.
15

16 Due to lack of supportive information and inconsistencies of R1's statements, there is not enough
17 information to support the allegation staff member sexually abused resident while in care. There were no
18 witnesses to incident and R1 is able to communicate how they prefer to be showered. R1 is also able to
19 wash private area without assistance. There is no specific instructions provided on Residents service
20 plan in bathing section other than Resident prefers a female staff member. Therefore, based on
21 interviews conducted and documents reviewed, the allegation is deemed unsubstantiated, meaning that
22 although the allegation may have happened or are valid, there is not a preponderance of the evidence to
23 prove that the alleged violation occurred.
24

25 An exit interview was conducted Executive Director Raymond Pellicer and a copy of this report was
26 provided to the facility.
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya**NAME OF LICENSING PROGRAM ANALYST:** Jenifer Tirre**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 08/21/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/21/2025