

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005730
Report Date: 11/19/2025
Date Signed: 11/19/2025 01:45:41 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **11/16/2025** and conducted by Evaluator Sean Haddad

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20251116150017
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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	ZIP CODE: 92807
CAPACITY: 120	DATE: 11/19/2025
MET WITH: Raymond Pellicer	UNANNOUNCED TIME BEGAN: 09:45 AM
	TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1	Facility staff did not safeguard resident's personal items
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INVESTIGATION FINDINGS:

1	This unannounced inspection is being conducted by Licensing Program Analyst (LPA) Sean Haddad for the purpose of investigating the above-mentioned complaint allegation. LPA met with Administrator (AD) Raymond Pellicer, discussed the purpose of the inspection, and explained the allegation. The investigation into the allegation that facility staff did not safeguard resident's personal items revealed the following: During the course of the investigation, LPA inspected the facility, interviewed AD and residents, and obtained and reviewed copies of the resident roster and staff roster. It was alleged that staff are stealing a resident's clothing from their room. LPA inspected the facility, conducted health and safety checks on residents, and observed no health and safety issues. LPA interviewed AD who denied that there were any recent reports of lost or stolen items. Per the facility's resident roster, the resident at issue is not a resident of the facility. LPA interviewed eight residents and did not obtain information corroborating the allegation. The Department has investigated the above allegation and found it to be Unfounded, meaning the allegation was false, could not have happened, or is without reasonable basis. An exit interview was conducted and a copy of this report was discussed with and provided to facility representative.
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Sean Haddad
LICENSING EVALUATOR SIGNATURE:

DATE: 11/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/19/2025

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