

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005789
Report Date: 03/26/2026
Date Signed: 03/26/2026 12:39:38 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 **02/10/2025** and conducted by Evaluator Brandon Lopez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20250210104442
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FACILITY NAME: ATRIA NEWPORT BEACH		FACILITY NUMBER:	306005789
ADMINISTRATOR: KEYS, BRIAN		FACILITY TYPE:	740
ADDRESS:	393 HOSPITAL ROAD	TELEPHONE:	(949) 631-3555
CITY:	NEWPORT BEACH	ZIP CODE:	92663
CAPACITY:	195	DATE:	03/26/2026
MET WITH: Executive Director Brian Keys		UNANNOUNCED TIME BEGAN:	09:00 AM
		TIME COMPLETED:	12:45 PM

ALLEGATION(S):

1	Staff did not dispense medication to resident as prescribed by physician
2	Staff did not return medication to resident upon termination of services
3	Staff made inappropriate comments to resident
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INVESTIGATION FINDINGS:

1	On March 26, 2026, Licensing Program Analyst (LPA) Brandon Lopez made an unannounced visit to the
2	facility continue to the investigation into the allegations listed above and to deliver the complaint findings.
3	LPA was greeted and granted entry into the facility by staff after explaining the purpose for the visit.
4	Executive Director (ED) Brian Keys was present and assisted on today's visit.
5	
6	During the course of the investigation, the Department interviewed residents, interviewed staff, reviewed
7	and collected pertinent documents for this complaint. Regarding the allegation, staff did not dispense
8	medication to resident as prescribed by physician, the following has been concluded: It was alleged that
9	staff did not dispense Resident #1 (R1) Buprenorphine 10MG patch and Seroquel 25MG tablets as
10	prescribed by her physician. The Department reviewed R1's medication and medication administration
11	records. The Department observed that R1 was being provided all of her medications, including her
12	Buprenorphine 10MG patch and Seroquel 25MG tablets, as prescribed according to regulations.
13	CONTINUED ON LIC9099-C

Unsubstantiated	Estimated Days of Completion: 90
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SUPERVISORS NAME: Sheila Santos	
LICENSING EVALUATOR NAME: Brandon Lopez	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/26/2026

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-20250210104442

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ATRIA NEWPORT BEACH	FACILITY NUMBER: 306005789
	VISIT DATE: 03/26/2026

NARRATIVE	
1	The Department was unable to conduct an interview with R1 for this complaint, due to R1 moving out of
2	the facility on January 31, 2025. The Department conducted an additional six resident interviews. Five
3	out of the six residents interviewed denied the allegation and stated that they have not had any issues
4	with receiving their medication from staff. However, one out of the six residents stated that they have
5	received the wrong dosage of their medication by staff on two previous occasions. The Department
6	conducted five staff interviews. Five out of the five staff interviewed denied the allegation and stated that
7	R1 was given all of her medications according to orders prescribed by her physician.
8	
9	Regarding the allegation, staff did not return medication to resident upon termination of services, the
10	following has been concluded: It was alleged that staff did not return medication to R1 upon termination
11	of services. The Department was unable to conduct an interview with R1 for this complaint, due to R1
12	moving out of the facility on January 31, 2025. The Department reviewed R1's medication release form,
13	which describes the medications that were released for R1 upon her termination from the facility. The
14	Department observed that all of R1's prescribed medications were released to an authorized
15	representative on January 31, 2025. The Department conducted five staff interviews. Five out of the five
16	staff interviewed denied the allegation and stated that all medications were released for R1 to an
17	authorized representative when she moved out of the facility. However, one staff stated that one
18	medication was not initially provided to the authorized representative for R1. The staff stated that when
19	they realized this issue, R1's responsible party was contacted and that they picked up the missing
20	medication the same day. The staff stated that the medication release form for R1 was later updated to
21	reflect the additional medication release.
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23	Regarding the allegation, staff made inappropriate comments to resident, the following has been
24	concluded: It was alleged that staff made inappropriate comments to R1. The Department was unable to
25	conduct an interview with R1 for this complaint, due to R1 moving out of the facility on January 31, 2025.
26	The Department conducted six resident interviews. Six out of the six residents interviewed denied the
27	allegation and stated that staff have never made any inappropriate comments to them. The Department
28	conducted five staff interviews. Five out of the five staff interviewed denied the allegation and stated that
29	they have never observed, or heard of any staff making any inappropriate comments to R1, or any other
30	resident.
31	
32	CONTINUED ON LIC9099-C

SUPERVISORS NAME: Sheila Santos	
LICENSING EVALUATOR NAME: Brandon Lopez	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/26/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 22-AS-20250210104442

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

7100
ORANGE, CA 92868

FACILITY NAME: ATRIA NEWPORT BEACH

FACILITY NUMBER: 306005789

VISIT DATE: 03/26/2026

NARRATIVE

1 Based on the evidence gathered during the investigation, the Department is unable to ascertain if the
2 allegations occurred as reported. Although the allegations may have happened or is valid, there is not a
3 preponderance of evidence to prove or refute the alleged violation occurred; therefore, the three
4 allegations are deemed UNSUBSTANTIATED. An exit interview was conducted with Assistant Executive
5 Director Sofiane Lahouasnia and a copy of the report was provided.
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LICENSING EVALUATOR NAME: Brandon Lopez	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/26/2026
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