

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 306006146  
Report Date: 03/18/2024  
Date Signed: 03/18/2024 03:51:41 PM

**Unsubstantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/11/2024** and conducted by Evaluator Sean Haddad

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 22-AS-20240311130718</b>
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<b>FACILITY NAME:</b> SEA CLIFF ASSISTED LIVING	<b>FACILITY NUMBER:</b> 306006146
<b>ADMINISTRATOR:</b> CLARK, TAYLOR	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 18851 FLORIDA STREET	<b>TELEPHONE:</b> (714) 847-3999
<b>CITY:</b> HUNTINGTON BEACH	<b>STATE:</b> CA <b>ZIP CODE:</b> 92648
<b>CAPACITY:</b> 84	<b>CENSUS:</b> 52 <b>DATE:</b> 03/18/2024
<b>MET WITH:</b> Taylor Clark	<b>UNANNOUNCED TIME BEGAN:</b> 09:00 AM
	<b>TIME COMPLETED:</b> 04:05 PM

**ALLEGATION(S):**

1	Facility staff failed to meet residents' needs.
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**INVESTIGATION FINDINGS:**

1	This unannounced inspection is being conducted by Licensing Program Analyst (LPA) Sean Haddad for
2	the purpose of investigating the above-mentioned complaint allegation. LPA met with Administrator (AD)
3	Taylor Clark and explained the reason for today's inspection.
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5	The investigation into the allegation that the facility staff failed to meet residents' needs revealed the
6	following: During the course of the investigation, LPA inspected the facility, interviewed AD, staff, and
7	residents, and obtained and reviewed copies of the resident roster, staff roster, Resident #1's (R1)
8	Resident Appraisal dated 10/04/23, R1's Needs and Services Plan dated 10/04/23, R1's Physician's
9	Report dated 05/02/23, the facility's Caregiver Resident Assignments, and the facility's Incontinence Care
10	Logs for 03/09/24.
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**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Armando J Lucero

**NAME OF LICENSING PROGRAM ANALYST:** Sean Haddad

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/18/2024

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  
CCLD Regional Office, 770 THE CITY DR., SUITE 7100  
ORANGE, CA 92868

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** SEA CLIFF ASSISTED LIVING

**FACILITY NUMBER:** 306006146

**VISIT DATE:** 03/18/2024

### NARRATIVE

1 Regarding the allegation that the facility staff failed to meet residents' needs: it was alleged that on  
2 03/09/24, R1 was observed soiled, staff would not change R1 on the basis that R1 refuses changes,  
3 and R1 has been observed to be soiled on multiple occasions. LPA interviewed AD who reported that R1  
4 does receive incontinence care at the facility and that incontinence care provided is documented, but  
5 that the staff do not always properly document when incontinence care was provided. LPA reviewed  
6 R1's Resident Appraisal dated 10/04/23, R1's Needs and Services Plan dated 10/04/23, and R1's  
7 Physician's Report dated 05/02/23 which state that R1 needs assistance with incontinence care. LPA  
8 reviewed the facility's Caregiver Resident Assignments which shows that R1 should be checked on by  
9 staff three times per shift to see if R1 needs incontinence care. However, the facility's Incontinence Care  
10 Logs for 03/09/24 do not indicate R1 received incontinence care on that day. LPA interviewed nine  
11 residents, none of whom corroborated the allegation. LPA conducted health and safety checks on the  
12 nine residents, observed no health and safety issues, and observed the residents to be clean and in  
13 good spirits. LPA inspected the nine resident's rooms and observed the rooms to be clean and free from  
14 odor. LPA observed the facility has a sufficient supply of incontinence supplies. LPA interviewed four  
15 staff who reported that although R1 does need incontinence care, R1 is able to change their own  
16 diapers and will sometimes refuse help from staff. The staff stated that R1 is generally able to change  
17 their own diapers, but that they also make sure R1 properly changed their diaper if R1 refused help and  
18 chose to change it themselves. LPA's interview with R1 corroborated the staff's statements and R1  
19 reported no issues regarding incontinence care at the facility.

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21 Based on the information gathered during the investigation and review of all documents obtained, the  
22 Department is unable to ascertain if the above allegation occurred as reported. Although the allegation  
23 may have happened or is valid, there is not a preponderance of evidence to prove or refute the alleged  
24 violation occurred; therefore, this allegation is deemed Unsubstantiated. An exit interview was  
25 conducted and a copy of this report was discussed with and provided to facility representative.  
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**NAME OF LICENSING PROGRAM MANAGER:** Armando J Lucero

**NAME OF LICENSING PROGRAM ANALYST:** Sean Haddad

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/18/2024