

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 306006146

Report Date: 02/15/2026

Date Signed: 02/15/2026 02:56:15 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/23/2025** and conducted by Evaluator Samer Haddadin

	<b>COMPLAINT CONTROL NUMBER: 22-AS-20251023144519</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>ZIP CODE:</b> 92648
<b>CAPACITY:</b> 84	<b>DATE:</b> 02/15/2026
<b>MET WITH:</b> Parinaz Safari-Wellness Director	<b>UNANNOUNCED TIME BEGAN:</b> 12:49 PM
	<b>TIME COMPLETED:</b> 04:25 PM

#### ALLEGATION(S):

1	Resident was exposed to scabies while in care.
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Samer Haddadin conducted an unannounced visit to the facility to deliver findings regarding the above-referenced allegation. Upon arrival, LPA Haddadin was greeted and granted entry by Parinaz Safari, Wellness Director. The investigation included interviews with six staff members and six residents, a review of facility records, and observations of the physical plant. It was alleged that "Resident was exposed to scabies while in care." During record review, LPA Haddadin confirmed that on October 17, 2025, the facility notified Community Care Licensing and submitted an incident report documenting that one resident (R1) tested positive for scabies. The records reviewed did not identify any additional residents with a confirmed scabies diagnosis and did not indicate a scabies outbreak at the facility. LPA Haddadin interviewed six residents regarding whether they were notified of scabies exposure, experienced symptoms consistent with scabies, or had concerns about an outbreak.
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Alisa Ortiz  
**LICENSING EVALUATOR NAME:** Samer Haddadin  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/15/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/15/2026

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 2

**Control Number** 22-AS-20251023144519

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:** SEA CLIFF ASSISTED LIVING

**FACILITY NUMBER:** 306006146

**VISIT DATE:** 02/15/2026

### NARRATIVE

1 Five of the six residents denied being exposed to scabies while in care, denied receiving any notice of  
2 scabies exposure, and denied experiencing symptoms consistent with scabies during their residency.  
3 One resident reported having scabies while in care related to the October 17, 2025 incident. This  
4 resident stated the facility immediately isolated the affected resident and facilitated medical attention,  
5 and the resident did not believe other residents were placed at risk.  
6 LPA Haddadin interviewed six staff members regarding whether any residents other than R1 were  
7 suspected or confirmed to have scabies, whether any exposure occurred within the facility, and whether  
8 an outbreak occurred. All six staff members denied that residents were exposed to scabies while in care  
9 and stated they were not aware of any additional confirmed cases beyond R1.  
10 LPA Haddadin conducted a walk-through of the facility and observed common areas and resident living  
11 spaces. At the time of the visit, LPA Haddadin did not observe conditions consistent with a facility-wide  
12 scabies exposure event, such as residents being placed on isolation precautions, resident complaints of  
13 rash or persistent itching, or an increased use of personal protective equipment (PPE) that would  
14 suggest an outbreak. Information obtained through interviews and record review did not support that  
15 residents other than R1 had a confirmed scabies diagnosis, received scabies treatment, or were placed  
16 on contact precautions due to exposure.  
17 Based on the evidence obtained during the investigation, the allegation is found to be Unsubstantiated,  
18 meaning that although the allegation may have occurred or may be valid, there is not a preponderance  
19 of evidence to substantiate that the alleged violation occurred.  
20 An exit interview was conducted, and a copy of this report was provided to a facility representative.  
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**SUPERVISORS NAME:** Alisa Ortiz  
**LICENSING EVALUATOR NAME:** Samer Haddadin  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/15/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/15/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 2