

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006146
Report Date: 06/16/2026
Date Signed: 06/16/2026 01:00:33 PM

Unfounded

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 06/01/2026 and conducted by Evaluator Eboni Bentley

	COMPLAINT CONTROL NUMBER: 22-AS-20260601085030
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FACILITY NAME:	SEA CLIFF ASSISTED LIVING	FACILITY NUMBER:	306006146
ADMINISTRATOR:	CLARK, TAYLOR	FACILITY TYPE:	740
ADDRESS:	18851 FLORIDA STREET	TELEPHONE:	(714) 847-3999
CITY:	HUNTINGTON BEACH	ZIP CODE:	92648
CAPACITY:	84	DATE:	06/16/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	01:00 PM
	CENSUS: 66	TIME COMPLETED:	01:30 PM
MET WITH:	Taylor Clark - Administrator		

ALLEGATION(S):

1	Neglect/lack of supervision resulted in resident developing a stage three pressure injury.
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INVESTIGATION FINDINGS:

1	On June 16, 2026, Licensing Program Analyst (LPA) Eboni Bentley arrived at the facility unannounced for a subsequent complaint investigation visit into the above allegation. The Administrator Taylor Clark and
2	Wellness Director Parinaz Safari were present and assisted with the investigation. LPA reviewed facility
3	documents including: Resident Roster, Staff Roster, Staff Schedule, Staff Contacts, and six resident files.
4	Interviews were conducted with a witness and staff.
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7	Based on a facility record review and interview with Administrator, the investigation revealed that
8	Resident (R1) is a resident at Sea Cliff Healthcare Center Skilled Nursing and not Sea Cliff Assisted
9	Living. Sea Cliff Healthcare Skilled Nursing is an entity of California Department of Public Health. This
10	agency has investigated the complaint alleging neglect/lack of supervision resulted in resident developing
11	a stage three pressure injury. We have found that the complaint was UNFOUNDED, meaning that the
12	allegation was false, could not have happened and/or is without reasonable basis. An exit interview was
13	conducted with Administrator Taylor Clark and a copy of report was provided to facility.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Kevin Saborit-Guasch	
LICENSING EVALUATOR NAME: Eboni Bentley	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/16/2026