

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006345
Report Date: 06/24/2026
Date Signed: 06/24/2026 12:08:18 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 **06/18/2026** and conducted by Evaluator Andrea Mendivil

	COMPLAINT CONTROL NUMBER: 22-AS-20260618095654
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FACILITY NAME: SEA BLUFFS, THE	FACILITY NUMBER: 306006345
ADMINISTRATOR: BRENT BROADHURST	FACILITY TYPE: 740
ADDRESS: 25421 AND 25401 SEA BLUFFS DR	TELEPHONE: (949) 234-3000
CITY: DANA POINT	ZIP CODE: 92629
CAPACITY: 88	DATE: 06/24/2026
	UNANNOUNCED TIME BEGAN: 09:00 AM
MET WITH: Brent Broadhurst - Executive Director	TIME COMPLETED: 12:30 PM

ALLEGATION(S):

1	staff does not ensure residents are not recorded or pictures are taken by staff/vendors without residents consent
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INVESTIGATION FINDINGS:

1	On this day, Licensing Program Analyst (LPA) Andrea Mendivil made an unannounced visit to conduct a complaint investigation. LPA was greeted by staff and explained the reason for the visit.
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4	The Department received a complaint on June 18, 2026. LPA Mendivil obtained copies of vendor emails and as well as interviewed staff and residents. Regarding the allegation staff does not ensure residents are not recorded or pictures are taken by staff/vendors without residents consent, the investigation revealed the following:
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9	It was alleged that staff does not ensure residents are not recorded or pictures are taken by staff/vendors without residents consent. It was alleged that staff allowed an outside vendor to take videos on July 29th, 2024. Per interviews with 3 out of 3 staff, staff stated residents sign a consent for photos/videos when they first move into the facility. Staff stated if a resident did not consent for photos/videos to be taken they will honor the decision.
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: Andrea Mendivil	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/24/2026

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-20260618095654

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SEA BLUFFS, THE	FACILITY NUMBER: 306006345
	VISIT DATE: 06/24/2026

NARRATIVE	
1	Interview with Activities Director, Activities Director stated that vendors are provided with facility
2	expectations including treating residents with respect. Interviews with 4 out of 4 residents they stated
3	that they have consented to photos or videos taken. 4 out of 4 residents stated that they actively and
4	willingly participated in the facility's activities. 4 out of 4 residents stated they have not experienced any
5	disrespect from entertainer or felt humiliated.
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7	Therefore based on the preponderance of evidence through records reviewed and interview the
8	allegation staff does not ensure residents are not recorded or pictures are taken by staff/vendors without
9	residents consent is determined to be UNFOUNDED, meaning that the allegations were false, could not
10	have happened and/or is without a reasonable basis.
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12	An exit interview was conducted and a copy of this report was provided.
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LICENSING EVALUATOR NAME: Andrea Mendivil	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/24/2026
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