

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 306006386

Report Date: 02/19/2026

Date Signed: 02/20/2026 02:09:33 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 **01/23/2026** and conducted by Evaluator Eboni Bentley

	<b>COMPLAINT CONTROL NUMBER: 22-AS-20260123165706</b>
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<b>FACILITY NAME:</b> SEASIDE TERRACE	<b>FACILITY NUMBER:</b> 306006386
<b>ADMINISTRATOR:</b> PEDROZA, TRICIA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 9925 LA ALAMEDA AVE	<b>TELEPHONE:</b> (714) 962-5531
<b>CITY:</b> FOUNTAIN VALLEY	<b>ZIP CODE:</b> 92708
<b>CAPACITY:</b> 250	<b>DATE:</b> 02/19/2026
<b>MET WITH:</b> Ephantus Warui- Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 04:30 PM
	<b>TIME COMPLETED:</b> 05:00 PM

### ALLEGATION(S):

1	Facility is violating resident's personal rights.
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### INVESTIGATION FINDINGS:

1	On February 19, 2026, Licensing Program Analyst (LPA) Eboni Bentley arrived at the facility for an unannounced subsequent complaint investigation into the above allegation. LPA was greeted and granted entry after stating the purpose of the visit to Administrator (AD) Ephantus Warui.
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5	The investigation into the above allegation revealed the following:
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7	During the course of the investigation, LPA conducted a tour of the physical plant and obtained pertinent documentation which includes Resident/Personnel Rosters, Personnel Reports, Staff Contacts, Resident
8	1 Face Sheets, Physician's Report, Progress Note, Community Policy Violation Warnings, Residency
9	Agreement, Theft and Loss Policy and Procedure, Resident Personal Property and Valuables (LIC621)
10	and House Rules.
11	
12	
13	CONTINUE TO LIC9099-C....

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Lourdes Montoya  
**LICENSING EVALUATOR NAME:** Eboni Bentley  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/19/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/19/2026

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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**Control Number** 22-AS-20260123165706

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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:** SEASIDE TERRACE

**FACILITY NUMBER:** 306006386

**VISIT DATE:** 02/19/2026

### NARRATIVE

1 Regarding the allegation, Facility is violating resident's personal rights, it is alleged that staff violated  
2 Resident 1's (R1's) personal rights by removing cooking appliances from R1's room and taking  
3 possession of R1's cooking appliance upon delivery to the facility, without resident's permission. During  
4 the course of the investigation, LPA conducted interviews with five residents and five staff. Five out of  
5 five staff denied the allegation stating R1 was given verbal and written notice that cooking and cooking  
6 appliances were not permitted in R1's room, as they were considered a hazard and Healthy & Safety  
7 risk. Based on records reviewed, the facility provided all residents with notice on two separate  
8 occasions, that hazardous items and items that may create a risk to residents' health and safety, would  
9 be removed from resident rooms, following inspection. Record review revealed, fire alarms in R1s room  
10 were activated on August 28, 2025 and September 28, 2025. The resident was initially provided with a  
11 verbal warning and then written notice following the second incident. When interviewed, R1 stated they  
12 received notices regarding upcoming room inspections by the facility and items considered hazardous to  
13 residents' health and safety, however, R1 stated they intentionally hid cooking appliances from staff as  
14 they knew these items were not permitted. Upon inspection, cooking appliances and cookware were  
15 removed from R1's room. House Rules signed by R1 dated March 1, 2024, state "22. Residents are  
16 prohibited from cooking or having any cooking equipment in their room besides the microwave that is  
17 provided by the facility." During interview, R1 stated they reordered a cooking appliance that was  
18 delivered to the facility on October 8, 2025, and S1 intercepted the delivery. Staff denied the allegation,  
19 stating they delivered the item to R1's room and R1 then came downstairs with S1, to the facility office to  
20 store the item, as they agreed it was prohibited. S1 stated the item will be returned to resident upon  
21 move-out. Photos were taken of the item in facility storage.

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23 Therefore, based on the observations made, interviews which were conducted, and the records that  
24 were reviewed, although the allegation may have happened or is valid, there is not a preponderance of  
25 evidence to prove the alleged violation did or did not occur, therefore the following allegation, Facility is  
26 violating resident's personal rights., is deemed UNSUBSTANTIATED.

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28 An exit interview was conducted with Administrator Ephantus Warui, and a copy of this report was  
29 provided at exit.  
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**SUPERVISORS NAME:** Lourdes Montoya  
**LICENSING EVALUATOR NAME:** Eboni Bentley  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/19/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/19/2026

LIC9099 (FAS) - (06/04)

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