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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006386
Report Date: 08/19/2026
Date Signed: 08/19/2026 04:05:55 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/12/2026** and conducted by Evaluator Ruth Martinez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260812143758

FACILITY NAME:	SEASIDE TERRACE			**FACILITY NUMBER:**	306006386
ADMINISTRATOR:	PEDROZA, TRICIA			**FACILITY TYPE:**	740
ADDRESS:	9925 LA ALAMEDA AVE			**TELEPHONE:**	(714) 962-5531
CITY:	FOUNTAIN VALLEY	**STATE:** CA		**ZIP CODE:**	92708
CAPACITY:	250	**CENSUS:** 159		**DATE:**	08/19/2026
		UNANNOUNCED		**TIME BEGAN:**	07:12 AM
MET WITH:	Ephantus Warui			**TIME COMPLETED:**	04:30 PM

ALLEGATION(S):

1	Staff interfered with residents' reasonable access to leisure activities
2	Staff did not speak to the resident in a respectful manner
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ruth Martinez conducted an unannounced visit to the facility to
2	investigation the above identified complaint allegations and deliver findings. LPA arrived at facility and
3	was greeted and granted entry by staff. LPA spoke with Ephantus Warui, Administrator and explained the
4	purpose of the visit.
5	
6	During the course of the investigation, interviews were conducted, a tour of the physical plant of the
7	facility was conducted, a review of records was completed and copy of pertinent documents obtained.
8	
9	It is alleged that staff interfered with residents' reasonable access to leisure activities. Specifically, to
10	access to the TV's in the facility. LPA on today's visit toured the physical plant of the facility and observed
11	there is a TV room on the first floor and one in the second floor, and a TV in the activities room primarily
12	Continued on LIC9099-C
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Kevin Saborit-Guasch
LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE:
DATE: 08/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/19/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 22-AS-20260812143758

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: SEASIDE TERRACE **FACILITY NUMBER:** 306006386
VISIT DATE: 08/19/2026

NARRATIVE

used for activities. LPA observed that remote controls for the TV's are kept in the front desk of the main entrance of the facility. LPA observed that both first floor and second floor TV rooms had the TV on the news and on a movie. The activities room had activities going on throughout the day with residents participating. Interview with 4 of 4 staff stated that the remote for the TV's have always been kept in the front desk with staff and that residents request for the channel to be changed or to turn on the TV in which staff do that for the resident. This has always been in place for safe keeping of the remote and for them not to get lost or misplaced, which has happened in the past. There are three TV's one on each TV room and one in the activities room which is primarily used for activities. When there is no activities in the room residents can use it to watch TV in there. Interview with 10 of 10 residents stated that the TV's in the TV rooms if they need the channel to be changed or need the remote, they go to the front desk and ask the staff. That is the way they get the channel changed by staff or by the remote itself. The TV in the activities room is used for activities and when not doing activities residents can watch the TV. There is access to the TV's in the facility all the time.

It is alleged that staff did not speak to the resident in respectful manner. Interview with 10 of 10 residents stated that staff speak to them in a respectful manner and have not seen any staff be rude or disrespectful towards any other person at the facility. Residents stated that the staff are good to them and they get what they need from them. Interview with staff stated that they treat residents with respect. There are times when they talk to a resident and when resident does not get the answer they want, the resident insists and follows staff around the facility asking the same question hoping for a different answer. Staff will do their best to address the residents' concerns and be respectful of them. Staff have not gotten any complaints from residents about any staff being disrespectful.

Based on the information mentioned above, the Department is unable to ascertain if the allegations occurred as reported. Although the allegations may have happened or is valid, there is not a preponderance of evidence to prove or refute the alleged violations occurred; therefore, these allegations are deemed Unsubstantiated.

An exit interview was conducted with the Administrator, and a copy of this LIC9099 report was left at facility.

SUPERVISORS NAME: Kevin Saborit-Guasch
LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE:
DATE: 08/19/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/19/2026