

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 306006723

Report Date: 03/06/2026

Date Signed: 03/06/2026 11:28:28 AM

**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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/04/2026** and conducted by Evaluator Samer Haddadin

	<b>COMPLAINT CONTROL NUMBER: 22-AS-20260304133319</b>
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<b>FACILITY NAME:</b> MARBELLA ANAHEIM	<b>FACILITY NUMBER:</b> 306006723
<b>ADMINISTRATOR:</b> BYINGTON, TROY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 200 N. DALE STREET	<b>TELEPHONE:</b> (657) 644-3887
<b>CITY:</b> ANAHEIM	<b>ZIP CODE:</b> 92801
<b>CAPACITY:</b> 140	<b>DATE:</b> 03/06/2026
<b>MET WITH:</b> Troy Byington	<b>UNANNOUNCED TIME BEGAN:</b> 08:36 AM
	<b>TIME COMPLETED:</b> 01:29 PM

### ALLEGATION(S):

1	Facility increased rent without proper notice
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Samer Haddadin conducted an unannounced visit to the facility to
2	investigate the above-mentioned allegation. Upon arrival, LPA Haddadin was granted entry and met with
3	Administrator (AD) Troy Byington, to whom the purpose of the visit was explained.
4	During the course of the investigation, LPA Haddadin obtained and reviewed facility records, interviewed
5	current residents, and interviewed staff.
6	It was alleged that "Facility increased rent without proper notice" to Resident 1 (R1) and Resident 2 (R2).
7	LPA Haddadin interviewed R1, who confirmed that the facility had provided a ninety-day notice of the rent
8	increase. LPA Haddadin was unable to interview R2 due to a current medical condition that did not allow
9	R2 to provide a reliable statement. In addition, LPA Haddadin interviewed three current residents, all of
10	whom denied the allegation.
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<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Alisa Ortiz  
**LICENSING EVALUATOR NAME:** Samer Haddadin  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/06/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/06/2026

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-20260304133319**

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b>
<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	<b>COMMUNITY CARE LICENSING DIVISION</b>
	<b>ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100</b>
	<b>ORANGE, CA 92868</b>

**FACILITY NAME:** MARBELLA ANAHEIM **FACILITY NUMBER:** 306006723  
**VISIT DATE:** 03/06/2026

NARRATIVE	
1	LPA Haddadin also interviewed five staff members; four denied the allegation, and one was unsure.
2	During record review, LPA Haddadin confirmed that the residents interviewed were mailed a ninety-day
3	notice of the rent increase on September 24, 2025, with an effective date of January 1, 2026. Copies of
4	the notices were maintained in the facility's records.
5	Therefore, based on the preponderance of evidence gathered through interviews and record review, the
6	allegation, "Facility increased rent without proper notice," was found to be unfounded. This means the
7	allegation was determined to be false, could not have happened, and/or is without a reasonable basis.
8	No deficiencies were cited during today's visit. An exit interview was conducted, and a copy of this report
9	was provided to AD Troy Byington.
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**SUPERVISORS NAME:** Alisa Ortiz  
**LICENSING EVALUATOR NAME:** Samer Haddadin  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/06/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/06/2026