



## **State of California**

Department of Health Care Services

### **Certification**

*In accordance with applicable provisions of the Health and Safety Code of California and its rules, regulations, and standards, the Department of Health Care Services hereby certifies:*

#### **WAVECREST BEHAVIORAL HEALTH INC**

*to operate and maintain an alcohol and/or other drug program using the following name and location:*

**WAVECREST BEHAVIORAL HEALTH  
3200 EL CAMINO REAL, SUITE 110  
IRVINE, CALIFORNIA 92602**

*This certification extends to the following level of alcohol and/or other drug program services:*

#### **OUTPATIENT AND INTENSIVE OUTPATIENT SERVICES**

**Certification Number: 300794AP**

Effective Date: **04/01/2025**  
Expiration Date: **03/31/2027**



**JANELLE ITO-ORILLE, Division Chief**

Complaints regarding services provided in this facility should be directed to:  
Licensing and Certification Division

Complaints Coordinator, Complaints Section, MS 2601  
Post Office Box 997413, Sacramento, California 95899-7413

PHONE: (877) 685-8333 / (916) 322-2911 – FAX: (916) 440-5094 – E-mail: [SUDComplaints@dhcs.ca.gov](mailto:SUDComplaints@dhcs.ca.gov)

**Post in a prominent location. This Certification is not transferable.**