



**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:*

**CALIFORNIA PRIME RECOVERY SERVICES INC**

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

**CALIFORNIA PRIME RECOVERY**  
**17330 NEWHOPE STREET, SUITES A, B, C, AND D**  
**FOUNTAIN VALLEY, CALIFORNIA 92708**

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

**DETOXIFICATION, OUTPATIENT SERVICES AND INTENSIVE OUTPATIENT**

**Certification Number:**  
**300365AP**

**Effective Date: 01/01/2025**  
**Expiration Date: 12/31/2026**



**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.**