

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 277209399

Report Date: 03/20/2026

Date Signed: 03/20/2026 09:02:28 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/19/2026** and conducted by Evaluator Vadim Gorban

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20260319101112
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FACILITY NAME: DEL MONTE CARE	FACILITY NUMBER: 277209399
ADMINISTRATOR: CABUCO, KAY	FACILITY TYPE: 740
ADDRESS: 1221/1229 DAVID AVE	TELEPHONE: (919) 439-8488
CITY: PACIFIC GROVE	STATE: CA
CAPACITY: 65	ZIP CODE: 93950
	CENSUS: 41
	DATE: 03/20/2026
MET WITH: House manager Victoria Montoya	UNANNOUNCED TIME BEGAN: 09:50 AM
	TIME COMPLETED: 12:00 PM

ALLEGATION(S):

1	Resident's room is not kept in clean and sanitary condition.
2	Staff did not ensure resident was provided with clean linen and or bedding
3	Staff do not ensure resident has access to a telephone
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INVESTIGATION FINDINGS:

1	On 03/20/2026, Licensing Program Analyst (LPA) V. Gorban arrived commence complaint investigation t
2	oallegations stated above. LPA explained the purpose of the visit to house manager Victoria Montoya
3	and was allowed entry.
4	During the course of the investigation, LPA conducted a facility tour, conducted interviews, and reviewed
5	records.
6	The Department has investigated the allegations: Resident's room is not kept in clean and sanitary
7	condition and Staff did not ensure resident was provided with clean linen and or bedding. Based on
8	observation during facility tour LPA toured random rooms and observed trash cans empty and rooms
9	appear clean with clean linen on beds. Based on interviews and record reviews, beding linen available
10	and replaced by staff either on residents shower days or sooner if requested. Facility staff provide light
11	cleaning daily and twice a week provide deep cleaning to each residents rooms. Although the allegations
12	may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations
13	did or did not occur, therefore above allegations are UNSUBSTANTIATED. Report continues on attached LIC9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alexandria Walton
LICENSING EVALUATOR NAME: Vadim Gorban
LICENSING EVALUATOR SIGNATURE:

DATE: 03/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/20/2026

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 24-AS-20260319101112

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
FRESNO RO, 1314 E SHAW AVE
FRESNO, CA 93710

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: DEL MONTE CARE

FACILITY NUMBER: 277209399

VISIT DATE: 03/20/2026

NARRATIVE

1 Allegation: Staff do not ensure resident has access to a telephone.
2 Based on observations and interviews, the facility has a working telephone, accessible to residents to
3 use when asked. The number provided in the advertisement is up to date. Although the allegation may
4 have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or
5 did not occur, therefore above allegation is UNSUBSTANTIATED.
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7 No deficiencies issued.
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9 Exit interview conducted. Report signed on-site. A copy of this report provided to the facility
10 representative.
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SUPERVISORS NAME: Alexandria Walton
LICENSING EVALUATOR NAME: Vadim Gorban
LICENSING EVALUATOR SIGNATURE:

DATE: 03/20/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/20/2026

LIC9099 (FAS) - (06/04)

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