

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 306005804

Report Date: 01/22/2026

Date Signed: 01/22/2026 09:58:59 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 **12/05/2025** and conducted by Evaluator Ruth Martinez

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 22-AS-20251205104055</b>
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<b>FACILITY NAME:</b> MERIDIAN AT LAGUNA HILLS, THE	<b>FACILITY NUMBER:</b> 306005804
<b>ADMINISTRATOR:</b> JENSEN, ERIC	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 24552 PASEO DE VALENCIA BLDG A	<b>TELEPHONE:</b> (949) 581-6111
<b>CITY:</b> LAGUNA HILLS	<b>STATE:</b> CA <b>ZIP CODE:</b> 92653
<b>CAPACITY:</b> 200	<b>CENSUS:</b> 81 <b>DATE:</b> 01/22/2026
<b>MET WITH:</b> Eric Jensen	<b>UNANNOUNCED TIME BEGAN:</b> 07:40 AM
	<b>TIME COMPLETED:</b> 10:30 AM

### ALLEGATION(S):

1	Staff left resident soiled for an extended period of time.
2	Due to lack of supervision, resident fell and was on the ground for an extended period of time.
3	Due to lack of supervision, resident was stuck between the wall and the mattress for an extended period
4	of time resulting in hospitalization.
5	
6	
7	
8	
9	

### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ruth Martinez conducted an unannounced visit to the facility to
2	conclude investigation into the above identified complaint allegations. LPA met with Eric Jensen,
3	Executive Director/Administrator and explained the purpose of the visit.
4	
5	Findings are based upon this investigation which included tour of the facility, facility file review, resident
6	file review, interviews conducted, and copies of pertinent records.
7	
8	It is alleged that staff left resident soiled for an extended period of time. Record review revealed that
9	resident (R1) was independent with toileting and did not wear diapers. Needs and services plan indicates
10	R1 needs redirection with correctly placing underpants and was placed on dressing assistance. Interview
11	
12	Continued on LIC9099-C
13	

<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Armando J Lucero  
**LICENSING EVALUATOR NAME:** Ruth Martinez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/22/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/22/2026

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** 22-AS-20251205104055

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:** MERIDIAN AT LAGUNA HILLS, THE

**FACILITY NUMBER:** 306005804

**VISIT DATE:** 01/22/2026

### NARRATIVE

- 1 with staff stated that R1 does not wear diapers and there is no reason why resident would be left soiled  
2 when they are independent with toileting. Interview with witness stated that they never indicated that R1  
3 was left soiled for 6 hours or for extended period of time.  
4  
5 It is alleged that due to lack of supervision, resident fell and was on the ground for an extended period of  
6 time, specifically when R1 was showering. Interview with staff stated that R1 is on shower schedule and  
7 outside of that they do not shower on their own. If R1 had a fall staff would have known or been present  
8 due to being on shower assistance. Record review revealed that R1 is reflected on shower schedule.  
9 Resident assessment reflects that R1 requires standby assistance with showers 2x per week. Need and  
10 services plan reflects R1 is on shower standby assistance. Interview with witness stated that they did  
11 not indicate that R1 had been on the ground for an extended period of time or for 8 hours.  
12  
13 It is alleged that due to lack of supervision, resident was stuck between the wall and the mattress for an  
14 extended period of time resulting in hospitalization. Record review did not reflect any unusual incident  
15 with R1 recently. The last incident reported to the department was on August 16, 2024. Interview with  
16 staff stated that the last incident R1 had was for an unwitnessed fall back about 18 months ago, but  
17 nothing recent. Due to that incident R1 was reassessed and needs and services plan were updated and  
18 was also reassessed for any changes in condition. Interview with witness stated that they did not  
19 indicate R1 was stuck between the wall and the mattress for extended period of time, but R1 had gotten  
20 their arm stuck between the recliner and the wall, but it was in an instant with no injuries. There was no  
21 fall and/or the bed and it wasn't for an extended period.  
22  
23 Therefore, the Department has determined the complaint to be unfounded, meaning that the allegation  
24 was false, could not have happened and/or is without a reasonable basis. The Department has therefore  
25 dismissed the complaint.  
26  
27 An exit interview was conducted with the Executive Director and a copy of this LIC9099 report was left  
28 at facility.  
29  
30  
31  
32

**SUPERVISORS NAME:** Armando J Lucero  
**LICENSING EVALUATOR NAME:** Ruth Martinez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/22/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/22/2026

LIC9099 (FAS) - (06/04)

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