

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 306006198

Report Date: 03/18/2026

Date Signed: 03/18/2026 10:00:20 AM

**Substantiated**

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 **03/13/2026** and conducted by Evaluator Joseph Alejandro

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 22-AS-20260313153514</b>
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<b>FACILITY NAME:</b> CRESTAVILLA	<b>FACILITY NUMBER:</b> 306006198
<b>ADMINISTRATOR:</b> MYRA ARAGONES	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 30111 NIGUEL RD	<b>TELEPHONE:</b> (949) 844-5997
<b>CITY:</b> LAGUNA NIGUEL	<b>ZIP CODE:</b> 92677
<b>CAPACITY:</b> 250	<b>DATE:</b> 03/18/2026
<b>MET WITH:</b> Myra Aragoness	<b>UNANNOUNCED TIME BEGAN:</b> 08:55 AM
	<b>TIME COMPLETED:</b> 10:00 AM

### ALLEGATION(S):

1	Relocated Pool heater without proper permits
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### INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPAs) Joseph Alejandro and Garli Tat made an unannounced visit to
2	conduct the required 10-day visit to begin the investigation into the allegation listed above. LPAs met with
3	Executive Director (ED) Myra Aragoness and explained the reason for the visit. The investigation into the
4	allegation revealed the following. It was reported that the facility relocated the pool heater vent and
5	started operating the pool and the pool heater on or around February 22, 2026 without the proper city
6	permit. According to city code enforcement the project at the facility of relocating pool heater vent
7	requires a permit. LPA interviewed the Executive Director and Facilities Management Director who
8	reported that the facility pool heater vent was relocated in January and was inspected by the Gas
9	Company. The ED reported that the pool and the pool heater was up and running on February 22, 2026.
10	The ED reported that the permit process was started on February 13, 2026. The ED reported that the city
11	inspector is scheduled to come to the facility to sign on off and issue the permit for the pool heater vent
12	today.
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<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Sheila Santos  
**LICENSING EVALUATOR NAME:** Joseph Alejandro  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/18/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/18/2026

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-20260313153514

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:** CRESTAVILLA

**FACILITY NUMBER:** 306006198

**VISIT DATE:** 03/18/2026

### NARRATIVE

1 Based on the evidence gathered the preponderance of evidence standard has been met therefore the  
2 allegation is substantiated. Deficiencies are being cited per Title 22 Division 6 of the California Code of  
3 Regulation. An exit interview was conducted and a copy of the report provided along with appeal rights.  
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LIC9099 (FAS) - (06/04)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
ORANGE COUNTY RO, 770 THE CITY DR., SUITE

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

7100  
ORANGE, CA 92868

**FACILITY NAME:** CRESTAVILLA

**FACILITY NUMBER:** 306006198

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/18/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/27/2026 Section Cited CCR 87305(a)	1 Prior to construction or alterations, all 2 facilities shall obtain a building permit. 3 This requirement was not met as 4 evidenced by, 5 6 7	1 Licensee agrees to obtain the proper 2 city permit for the pool and pool heater 3 vent. Licensee to submit proof of 4 correction to LPA by POC due date. 5 6 7
	8 The facility failed to obtain the city 9 permit prior to relocating and operating 10 the pool and pool heater vent. This 11 poses a potential health and safety risk 12 to residents in care. 13 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>SUPERVISORS NAME:</b> Sheila Santos <b>LICENSING EVALUATOR NAME:</b> Joseph Alejandro <b>LICENSING EVALUATOR SIGNATURE:</b>		<b>DATE:</b> 03/18/2026
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>		
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>		<b>DATE:</b> 03/18/2026