

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006198
Report Date: 05/27/2026
Date Signed: 05/27/2026 09:23:37 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 11/24/2025 and conducted by Evaluator Joseph Alejandro

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20251124165355
--------	--

FACILITY NAME: CRESTAVILLA	FACILITY NUMBER: 306006198
ADMINISTRATOR: MYRA ARAGONES	FACILITY TYPE: 740
ADDRESS: 30111 NIGUEL RD	TELEPHONE: (949) 844-5997
CITY: LAGUNA NIGUEL	ZIP CODE: 92677
CAPACITY: 250	DATE: 05/27/2026
	UNANNOUNCED TIME BEGAN: 08:15 AM
MET WITH: Myra Aragoness	TIME COMPLETED: 09:40 AM

ALLEGATION(S):

1	Staff did not address a carbon monoxide hazard in a timely manner.
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to deliver the findings of
2	the complaint investigation into the allegation listed above. LPA met Executive Director Myra Aragoness
3	and explained the reason for the visit.
4	
5	During the course of the investigation, Department staff inspected the facility, interviewed staff, witnesses
6	and reviewed records, including resident roster, staff roster, staff schedule, Resident 1's (R1) physician's
7	report dated November 9, 2023, R1's preplacement appraisal dated November 9, 2023, R1's functional
8	capabilities assessment, R1's resident and services agreement dated November 16, 2023, Fire incident
9	reports dated November 19 and November 23, 2025, and Fire Alarm Inspection reports dated November
10	6 through November 19, 2025. The investigation into the allegation, Staff did not address a carbon
11	monoxide hazard in a timely manner, revealed the following.
12	
13	

Substantiated	Estimated Days of Completion:
---------------	-------------------------------

SUPERVISORS NAME: Sheila Santos LICENSING EVALUATOR NAME: Joseph Alejandro LICENSING EVALUATOR SIGNATURE:		DATE: 05/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 05/27/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 4
Control Number 22-AS-20251124165355

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: 05/27/2026
-----------------------------------	--

NARRATIVE	
1	R1 moved into the facility on November 18, 2023. On October 22, 2025, R1's responsible party began
2	staying with R1 at the facility after a medical procedure. R1's responsible party reported that they heard
3	an alarm go off in R1's room frequently without staff responding to the alarm. All resident rooms at the
4	facility have smoke detectors/carbon monoxide detectors. R1's responsible party reported that staff did
5	not come to the room to investigate the cause but assured her the room was safe. R1 reported that they
6	had heard the alarm go off in their room on a few occasions and called the front desk, which resulted in
7	the alarm being silenced but no one coming to the room to check on anything. R1's responsible party
8	purchased two portable Carbon monoxide (CO) detectors as a precaution. On November 19, 2025, the
9	two portable CO detectors began to alarm and R1's responsible party called 911. Orange County Fire
10	Authority responded and found R1's room had no measurable CO. Facility staff ordered a technician to
11	find the cause of the CO and the fire department advised not to re-enter the room until a professional
12	technician advised it was safe. No cause for the CO alarm was found, and no action was taken at that
13	time. On November 23, 2025, CO detectors began to alarm, and the room alarm went off. R1's
14	responsible party called 911. The Orange County Fire Authority responded to the call. A review of the
15	incident report from Orange County Fire Authority shows CO was detected in R1's room with readings
16	from 8 to 220 parts per million (ppm). The California Department of Industrial Relations (DIR) and
17	Cal/OSHA enforce a Permissible Exposure Limit (PEL) for carbon monoxide (CO) of 50 parts per million
18	(ppm) as an 8-hour time-weighted average (TWA) in any enclosed space. First responders stayed at the
19	facility until readings went to zero. R1 and their responsible party had already vacated the room when
20	the alarms went off. During the incident the Facilities Director reported that they would shut down the
21	pool pump which may have been causing the CO issue. A review of records for the fire safety alarm
22	system show that gas (CO) was detected 53 times from November 6, 2025, to November 19, 2025. The
23	Facilities Director reported that when the first alarm went off on November 6, 2025, they assumed the
24	CO sensor was faulty and had the sensor replaced on November 8, 2025. The Facilities Director was
25	unable to explain why they failed to further investigate the cause of the CO alarm to continue to go off or
26	to take further action to prevent possible life-threatening injury from CO exposure. 2 of 2 staff
27	interviewed who had worked at the front desk reported that when the alarm company called about R1's
28	room alarm going off because of gas, they were instructed to tell them it was because of a faulty sensor.
29	Both staff members verified that the alarm company called on multiple occasions to report to the facility
30	that the gas alarm in R1's room was going off. The Administrator reported that the Facilities Director
31	oversaw the alarm system and was unaware that the CO alarm had been sounding regularly after the
32	CO sensor was replaced.

SUPERVISORS NAME: Sheila Santos LICENSING EVALUATOR NAME: Joseph Alejandro LICENSING EVALUATOR SIGNATURE:		DATE: 05/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 05/27/2026

LIC9099 (FAS) - (06/04) Page: 2 of 4
Control Number 22-AS-20251124165355

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
--	--

FACILITY NAME: CRESTAVILLA

FACILITY NUMBER: 306006198
VISIT DATE: 05/27/2026

NARRATIVE	
1	The Administrator reported that had they known they would have relocated R1 to a safe environment until it was confirmed the sensor was faulty or the source of the CO identified. The pool heating system pump was found to be the cause of the CO. The pool was closed until the heating system vent was relocated to a safe area where it doesn't pose a threat to residents.
2	
3	
4	
5	During the course During the course of the investigation, the Department obtained sufficient evidence to substantiate the allegation, staff did not address a carbon monoxide hazard in a timely manner See LIC9099D for cited deficiencies per Title 22 Division 6 of the California Code of Regulations. An exit interview was conducted, and a copy of this report and appeal rights were discussed with and provided to facility representative.
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

SUPERVISORS NAME: Sheila Santos	
LICENSING EVALUATOR NAME: Joseph Alejandre	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/27/2026

FACILITY NAME: CRESTAVILLA

FACILITY NUMBER: 306006198
VISIT DATE: 05/27/2026

DEFICIENCY INFORMATION FOR THIS PAGE:

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 06/03/2026 Section Cited CCR 87465(g)	1 The licensee shall immediately 2 telephone 9-1-1 if an injury or other 3 circumstance has resulted in an 4 imminent threat to a resident's health 5 including, but not limited to, an apparent life-threatening medical crisis	1 Licensee to train all staff on CCR 87465 2 and to submit proof of training to LPA. 3 Licensee is to submit a written plan on 4 how to ensure carbon monoxide 5 notification is responded timely.

	6 7	except as specified in Sections 87469(c)(2), (c)(3), or (c)(4).	6 7	
	8 9 10 11 12 13 14	This requirement was not met as evidenced by the Carbon monoxide alarm in R1's room went off 53 times from November 6, 2025, to November 19, 2025, and the facility staff took no action. This poses a potential health, safety and personal rights risk to residents in care.	8 9 10 11 12 13 14	Licensee to relocate pool heating pump vent to a safe location in compliance with applicable building codes. License to submit proof to LPA when completed.
	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.

SUPERVISORS NAME: Sheila Santos LICENSING EVALUATOR NAME: Joseph Alejandre LICENSING EVALUATOR SIGNATURE: DATE: 05/27/2026	
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/27/2026