

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 331881106  
Report Date: 09/23/2025  
Date Signed: 09/23/2025 11:24:49 AM

## Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/25/2022** and conducted by Evaluator Mary G Flores

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 18-AS-20220425110805</b>
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<b>FACILITY NAME:</b> WELLQUEST OF MENIFEE LAKES	<b>FACILITY NUMBER:</b> 331881106
<b>ADMINISTRATOR:</b> EADS, JONETTA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 29914 ANTELOPE RD	<b>TELEPHONE:</b> (951) 550-0500
<b>CITY:</b> MENIFEE	<b>STATE:</b> CA <b>ZIP CODE:</b> 92584
<b>CAPACITY:</b> 151	<b>CENSUS:</b> 131 <b>DATE:</b> 09/23/2025
<b>MET WITH:</b> Janice Dayag - Business Office Director	<b>UNANNOUNCED TIME BEGAN:</b> 07:29 AM
	<b>TIME COMPLETED:</b> 11:45 AM

**ALLEGATION(S):**

1	Staff did not re-order resident's medication timely
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Mary Flores conducted a subsequent complaint investigation visit regarding the above allegations. LPA met with Janice Dayag and explained the reason for the visit.
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4	The investigation consisted of the following: On 5/3/22 LPA Delgado conducted an initial complaint investigation visit and requested pertaining documents. On 9/17/25 LPA Flores contacted administrator via email and requested a copy of staff/resident roster. On 9/18/25 LPA interviewed 6 staff over the phone. On 9/22/25 LPA conducted a subsequent visit and interviewed 6 residents, and reviewed medication for 10 residents. On 9/23/25 LPA conducted a subsequent complaint investigation visit interviewed 4 residents and delivered findings for the complaint.
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11	(CONTINUED ON LIC 9099C)
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**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Tony Vasallo  
**NAME OF LICENSING PROGRAM ANALYST:** Mary G Flores  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/23/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/23/2025

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** 18-AS-20220425110805

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27  
RIVERSIDE, CA 92507

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** WELLQUEST OF MENIFEE LAKES

**FACILITY NUMBER:** 331881106

**VISIT DATE:** 09/23/2025

### NARRATIVE

1 **The investigation revealed the following: Regarding allegation: Staff did not re-order resident's**  
2 **medication timely.** It is alleged Resident #1(R1) was not provided with medication when needed  
3 because it was not available at the facility. Interviews conducted revealed 4 out of 10 residents stated  
4 medication is provided as prescribed and as needed medication when needed. 2 out of 10 residents are  
5 not assisted with medication, however facility staff have assisted with obtaining their medication. 2 out of  
6 10 residents stated that medication was not provided when needed as it was not available at the facility  
7 on one occasion. 2 out of 10 residents were unable to be interviewed due to cognitive skills. Interview  
8 with staff revealed facility ensures to have a 30 supply of medication for residents in care for all routine  
9 and as needed medications. Administrator stated that R1's lorazepam was not available on the morning  
10 of 4/24/22 and the resident was sent to the hospital to obtain the medication as a refill had not come in.  
11 Per documents reviewed R1 had a prescription order for Lorazepam. Per pharmacy's email dated:  
12 4/26/22, an initial request from the facility for the medication was submitted on 4/15/22 to refill the  
13 lorazepam. The pharmacy followed up on the request with the facility and physician and the medication  
14 was refilled on 4/25/22. LPA was unable to review medication sheets for April 2022 as the facility uses  
15 QuickMar system, which did not allow them to go that far to obtain the records. On 9/22/25 LPA Flores  
16 conducted a medication review and observed R1 has an order for lorazepam .5mg as needed and  
17 observed the medication available. LPA observed resident #2(R2) did not have routine Aspirin 81mg  
18 available, resident #3(R3) did not have as needed medication Clonidine HCL .1mg, and resident #4(R4)  
19 did not have hyoscyamine .125mg and senna 8.6 mg. LPA contacted hospice agency who stated facility  
20 is to contact hospice to reorder medication for R4. Although, facility attempted to obtain the lorazepam  
21 days before it run out and there is not enough evidence to say that the facility is at fault for the  
22 medication not being available when R1 needed. During the visit of 9/22/25 LPA observed routine and  
23 as needed medication was not available for R2,R3, and R4. Therefore the allegation is substantiated.  
24  
25 Based on LPAs observations and interviews which were conducted record review(s), the preponderance  
26 of evidence standard has been met, therefore the above allegation(s) is found to be **SUBSTANTIATED**.  
27 California Code of Regulations, Title 22, Division 6 and Chapter 8 are being cited on the attached LIC  
28 9099D.  
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30 Exit interview was conducted and a copy of this report, LIC 9099D, and appeal rights were provided.  
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**NAME OF LICENSING PROGRAM MANAGER:** Tony Vasallo  
**NAME OF LICENSING PROGRAM ANALYST:** Mary G Flores  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/23/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/23/2025

LIC9099 (FAS) - (06/04)

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**Control Number** 18-AS-20220425110805

**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** WELLQUEST OF MENIFEE LAKES**FACILITY NUMBER:** 331881106**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 09/23/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/24/2025 Section Cited CCR 87464(f)(6)	1 87464 Basic Services: (f) Basic 2 services shall at a minimum 3 include:v(6) Arrangements to meet 4 health needs, including arranging 5 transportation... 6 This requirement is not met as 7 evidence by:	1 Administrator will provide in-service 2 training to Med-techs on medication 3 needs, availability, and auditing the 4 medication timely and will providing a 5 copy of training with topic, date, time, 6 and signature by POC due date 7 9/24/25.
	8 Based on medication review the 9 licensee did not ensure that R2, R3, 10 and R4 had their routine or as needed 11 medication available at the facility 12 which poses an immediate risk to the 13 health, safety, or personal rights of the 14 persons in care.	

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

**NAME OF LICENSING PROGRAM MANAGER:** Tony Vasallo**NAME OF LICENSING PROGRAM ANALYST:** Mary G Flores**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 09/23/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 09/23/2025

LIC9099 (FAS) - (06/04)

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20220425110805**FACILITY NAME:** WELLQUEST OF MENIFEE LAKES**FACILITY  
NUMBER:** 331881106**ADMINISTRATOR:**EADS, JONETTA**FACILITY TYPE:** 740

**ADDRESS:** 29914 ANTELOPE RD **TELEPHONE:** (951) 550-0500  
**CITY:** MENIFEE **STATE:** CA **ZIP CODE:** 92584  
**CAPACITY:** 151 **CENSUS:** 131 **DATE:** 09/23/2025  
**MET WITH:** Janice Dayag - Business Office Director **UNANNOUNCED TIME BEGAN:** 07:29 AM  
**TIME COMPLETED:** 11:45 AM

**ALLEGATION(S):**

1	Insufficient staffing
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Mary Flores conducted a subsequent complaint investigation visit
2	regarding the above allegations. LPA met with Janice Dayag and explained the reason for the visit.
3	
4	The investigation consisted of the following: On 5/3/22 LPA Delgado conducted an initial complaint
5	investigation visit and requested pertaining documents. On 9/17/25 LPA Flores contacted administrator
6	via email and requested a copy of staff/resident roster. On 9/18/25 LPA interviewed 6 staff over the
7	phone. On 9/22/25 LPA conducted a subsequent visit and interviewed 6 residents, and reviewed
8	medication for 10 residents. On 9/23/25 LPA conducted a subsequent complaint investigation visit
9	interviewed 4 residents and delivered findings for the complaint.
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11	(CONTINUED ON LIC 9099C)
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Tony Vasallo <b>NAME OF LICENSING PROGRAM ANALYST:</b> Mary G Flores <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 09/23/2025
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**FACILITY NAME:** WELLQUEST OF MENIFEE LAKES **FACILITY NUMBER:** 331881106  
**VISIT DATE:** 09/23/2025

**NARRATIVE**

1	<b>The investigation revealed the following: Regarding allegation: Insufficient staffing.</b> It is alleged
2	emergency responding agency was not able to enter the facility at night as there was no staff in the front
3	desk. Interviews with residents revealed 8 out of 10 residents stated there is night staff available. 2 out
4	of 10 residents were not able to answer due to cognitive skills. Interviews with staff revealed there is 2
5	caregivers and 2 medication technicians during the night shift. Documents reviewed revealed Staff
6	Calendar for April 2022 notes there was a floor manager and 2 caregivers on the night of 4/23/25
7	scheduled to work from 10:00pm to 6:00am. Staff roster reviewed on 9/22/25 notes there are a total of 4
8	staff scheduled to work the night shift from 10:00pm to 6:00am. Per administrator, the Executive
9	Director, Health and Wellness Director, Journey Director, and Maintenance Director Sales Director, and
10	Business Office Director area available over the phone during the night. Based on documents reviewed
11	this allegation is unsubstantiated.
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13	Although the allegation may have happened or is valid, there is not a preponderance of evidence to

14 prove the alleged violation(s) did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.

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16 Exit interview was conducted and a copy of this report was provided.

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**NAME OF LICENSING PROGRAM MANAGER:** Tony Vasallo

**NAME OF LICENSING PROGRAM ANALYST:** Mary G Flores

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/23/2025

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