

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

**COMPLAINT INVESTIGATION REPORT**

Facility Number: 336400075

Report Date: 12/15/2025

Date Signed: 12/15/2025 09:57:53 AM

**Unfounded**

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 **12/11/2025** and conducted by Evaluator Abdoulaye Zerbo

	<b>COMPLAINT CONTROL NUMBER: 18-AS-20251211161347</b>
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<b>FACILITY NAME:</b> ATRIA HACIENDA	<b>FACILITY NUMBER:</b> 336400075
<b>ADMINISTRATOR:</b> MONIQUE MOREIRA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 44600 MONTEREY AVE	<b>TELEPHONE:</b> (760) 341-0890
<b>CITY:</b> PALM DESERT	<b>ZIP CODE:</b> 92260
<b>CAPACITY:</b> 266	<b>DATE:</b> 12/15/2025
<b>MET WITH:</b> Monique Moreira	<b>UNANNOUNCED TIME BEGAN:</b> 09:30 AM
	<b>TIME COMPLETED:</b> 10:00 AM

**ALLEGATION(S):**

1	Staff did not provide adequate supervision resulting in resident wandering away from facility.
2	Staff abandoned resident at the hospital.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA), Abdoulaye Zerbo conducted an unannounced visit to the facility to investigate the allegations listed above. LPA met with Executive Director Monique Moreira, who was informed of the purpose of the visit.
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5	LPA conducted interviews and obtained copies of pertinent records. During the visit, LPA learned Resident #1 (R1) never resided at this facility through records review and interviews. The Executive Director also confirmed that R1 never resided at this facility.
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9	Based on record reviews and interviews, the allegations listed above are Unfounded. A finding of Unfounded means the allegation could not have happened, is false, and/or is without a reasonable basis.
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12	LPA conducted an exit interview and a copy of this report was provided Executive Director Monique Moreira.
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<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Anthony Perez  
**LICENSING EVALUATOR NAME:** Abdoulaye Zerbo  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 12/15/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/15/2025

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**