

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336400075
Report Date: 03/11/2026
Date Signed: 03/11/2026 03:14:01 PM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 03/06/2026 and conducted by Evaluator Toni Nwala

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20260306081802
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FACILITY NAME: ATRIA HACIENDA	FACILITY NUMBER: 336400075
ADMINISTRATOR: MONIQUE MOREIRA	FACILITY TYPE: 740
ADDRESS: 44600 MONTEREY AVE	TELEPHONE: (760) 341-0890
CITY: PALM DESERT	ZIP CODE: 92260
CAPACITY: 266	DATE: 03/11/2026
	UNANNOUNCED TIME BEGAN: 09:51 AM
MET WITH: Monique Moreira	TIME COMPLETED: 03:20 PM

ALLEGATION(S):

1	Resident sustained a UTI due to staff neglect.
2	Staff wrongfully evicted resident.
3	Staff did not properly assess resident prior to admissions
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Toni Nwala and LPA Yolanda Delgado made an unannounced visit to the facility to investigate a complaint regarding the allegation listed above. LPA met with Administrator, Monique Moreira and explained the purpose of the visit and the elements of the allegations. LPA Nwala conducted the investigation which consisted of interviews with staff, residents, witnesses and records review.
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7	On March 6, 2026, Community Care Licensing received a complaint stating resident sustained a UTI due to staff neglect, staff wrongfully evicted residents and staff did not properly assess resident prior to admissions. The allegation stated that residents sustained a UTI due to staff neglect; the facility indicated that they were unable to obtain a urine sample for testing and didn't appear to pursue further medical help. Additional allegations stated staff wrongfully evicted residents: the facility required that Resident #1(R1) be removed stating that R1 was a threat to theirself and others due to aggressive behavior.
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13	(continues on page 2)

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Anthony Perez	
LICENSING EVALUATOR NAME: Toni Nwala	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/11/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/11/2026

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 2
Control Number 18-AS-20260306081802

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ATRIA HACIENDA	FACILITY NUMBER: 336400075
	VISIT DATE: 03/11/2026

NARRATIVE	
1	(Continued from page 1)
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3	Additional allegation stated staff did not properly assess Resident prior to admission; facility may have
4	accepted R1 without fully assessing whether they had staffing, training and resources to manage
5	common behavior systems.
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7	LPA reviewed R1's face sheet, LIC602 dated 1/30/26, progress notes with intermittent dates from
8	February 10, 2026 to March 2, 2026, admission packet, preplacement appraisal dated 1/27/26, slum
9	exam dated 1/27/26. Prior facility order summary report dated 1/29/26 and resident roster. LPA was
10	unable to interview R1 due to R1 moving out of the facility on March 2, 2026. A review of progress notes
11	revealed that R1 was non-compliance with prescribed medications, facility contacted R1's doctor
12	regarding the behavioral changes in which R1's doctor requested labs to be done and several attempts
13	were made by the doctor and doctor's staff coming to the facility to attempt to complete the lab request
14	in which R1 refused to take a urine test to rule out signs and symptoms of an UTI and through interviews
15	with staff it was revealed that R1 refused to take a urine test, a review of R1's file did not corroborate
16	that R1 received an eviction notice at anytime of R1's stay at the facility and through interviews with
17	Administrator and Witness it was revealed that R1 was not issued and did not received an eviction
18	notice, R1's Power of Attorney's were updated on R1's change of condition-aggressive behavior towards
19	staff and clients. Interviews with staff did not corroborate that no proper assessment was done on R1
20	prior to admission and a review of R1's preplacement appraisal dated 1/27/2026 revealed that an
21	appraisal was completed with an exam for cognitive abilities and a functional capability completed on
22	1/27/2026 with R1.
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24	Based on LPAs observations, records review, and staff interview, this agency has investigated the
25	complaint alleging resident sustained a UTI due to staff neglect, staff wrongfully evicted residents and
26	staff did not properly assess resident prior to admissions and we have found that the complaint was
27	unfounded, meaning that the allegation was false, could not have happened and/or is without a
28	reasonable basis.
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30	An exit interview was conducted with Monique Moreira and a copy of this report along with LIC811 was
31	provided.
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*LPA's were away from the facility from 12:45-2:00 PM	

SUPERVISORS NAME: Anthony Perez	
LICENSING EVALUATOR NAME: Toni Nwala	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/11/2026
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