

# Department of SOCIAL SERVICES

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

Facility Number: 336426083  
Report Date: 12/17/2025  
Date Signed: 12/17/2025 11:41:23 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 **06/14/2022** and conducted by Evaluator Christian Gutierrez

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 18-AS-20220614104432</b>
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<b>FACILITY NAME:</b> ATRIA PARK OF VINTAGE HILLS	<b>FACILITY NUMBER:</b> 336426083
<b>ADMINISTRATOR:</b> MARIANO Q. HERNANDEZ	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 41780 BUTTERFIELD STAGE RD	<b>TELEPHONE:</b> (951) 506-5555
<b>CITY:</b> TEMECULA	<b>ZIP CODE:</b> 92592
<b>CAPACITY:</b> 143	<b>DATE:</b> 12/17/2025
<b>STATE:</b> CA	<b>UNANNOUNCED TIME BEGAN:</b> 11:00 AM
<b>CENSUS:</b> 173	<b>TIME COMPLETED:</b> 11:30 AM
<b>MET WITH:</b> Crissy Panganiban Engage Life Director	

**ALLEGATION(S):**

1	Facility failed to check on the safety of resident
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**INVESTIGATION FINDINGS:**

1	<p>**This report supersedes report dated 10/25/2025. The reason the report is being superseded is to correct the previous citation issued on 10/25/2025 from 87468.1(a)(2) to 87468.2(a)(4), all other findings remain the same.** Licensing Program Analyst (LPA) Christian Gutierrez faxed over a copy of of this corrected LIC 9099. Executive Director Quinn Hernandez was notified by telephone.</p> <p>SEE LIC 9099C</p>
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<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Tony Vasallo  
**LICENSING EVALUATOR NAME:** Christian Gutierrez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 12/17/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/07/2025

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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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:** ATRIA PARK OF VINTAGE HILLS

**FACILITY NUMBER:** 336426083

**VISIT DATE:** 12/17/2025

### NARRATIVE

1 The investigation consisted of the following: During the initial visit conducted on 06/17/2022, LPA  
2 Chinwe Nwogene toured the facility, interviewed staff 1-staff 4 (S1-S4), reviewed resident files, and  
3 collected pertinent documents. On 10/25/2025 LPA Gutierrez interviewed Executive Director by  
4 telephone, S5 by telephone, attempted phone interview with S6 and S7 in person, and residents 2-  
5 residents 10 (R2-R10). LPA obtained copies of the following documents: staff roster, resident roster,  
6 R1's physicians reports, monthly responsibility personal care rate document, functional needs/service  
7 plan, identification information (LIC 601), and face sheet. During today's visit LPA delivered findings.  
8  
9 In regard to the allegation " Facility failed to check on the safety of resident", It is alleged that after three  
10 days of calling R1 with no answer family went to facility and found R1 on floor and had to tell staff for  
11 help. During interview with Executive Director, staff three (3) out of seven (7) stated that R1 required no  
12 level of care and was independent. Executive director stated that meal checks are the only way to check  
13 on residents for the day and that the meal checks have not being done properly in the past. S3 stated  
14 that R1 was marked as refused on 06/09/2002 and 06/10/2022 because he/she did not see R1 at  
15 mealtime and assumed R1 did not want to eat. S4 stated they were responsible for verifying and signing  
16 off the meal attendance report but had not been doing that. During interviews with residents nine (9) out  
17 of ten (10) stated that staff comes and checks on them. R2 stated it may take them awhile, but they  
18 come eventually. Despite more than one staff knowing that R1 missed meals for 2 days there is no  
19 evidence that staff went to check on R1.  
20  
21 Based on record review and conducted interviews, the preponderance of evidence standard has been  
22 met, therefore the above allegations are found to be **SUBSTANTIATED**. Deficiencies are being cited  
23 according to California Code of Regulations, Title 22 and Health and Safety Code. An exit interview was  
24 conducted, and a copy of this report was given to Crissy Pan  
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**SUPERVISORS NAME:** Tony Vasallo  
**LICENSING EVALUATOR NAME:** Christian Gutierrez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 12/17/2025

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/17/2025

LIC9099 (FAS) - (06/04)

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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

27  
RIVERSIDE, CA 92507

**FACILITY NAME:** ATRIA PARK OF VINTAGE HILLS  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 336426083  
**VISIT DATE:** 12/17/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/08/2025 Section Cited CCR 87468.2(a)(4)	1 87468.2 Additional Personal Rights of 2 Residents in Privately Operated 3 Facilities 4 (a) In addition to the rights listed in 5 Section 87468.1, Personal Rights of 6 Residents in All Facilities, residents in 7 privately operated residential care facilities for the elderly shall have all of the following personal rights: (4) To care, supervision, and services that meet their individual needs and are delivered by staff that are sufficient in numbers, qualifications, and competency to meet their needs.	1 Director will conduct in service training 2 with staff on section 87468.2 (a)(4) and 3 the meal attendace policy and send 4 LPA signed staff sheet by POC due 5 date. 6 7
	8 This deficiency is evidenced by the 9 following: 10 R1 had not been seen for meals for 11 three days and staff did not follow the 12 policy of meal attendace and go check 13 on resident resulting in R1 being found 14 on the ground which poses an immediate health, safety or personal rights risk to persons in care.	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> Tony Vasallo <b>LICENSING EVALUATOR NAME:</b> Christian Gutierrez <b>LICENSING EVALUATOR SIGNATURE:</b>		<b>DATE:</b> 12/17/2025
<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> 11/07/2025