

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361880893
Report Date: 10/14/2025
Date Signed: 11/10/2025 02:53:14 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 CA 92507
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/08/2025** and conducted by Evaluator Javier Prieto

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20251008145558
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FACILITY NAME: MERIDIAN AT CHINO	FACILITY NUMBER: 361880893
ADMINISTRATOR: ISABEL ENRIQUEZ	FACILITY TYPE: 740
ADDRESS: 11918 CENTRAL AVENUE	TELEPHONE: (909) 548-2100
CITY: CHINO	STATE: CA
CAPACITY: 156	ZIP CODE: 91710
	CENSUS: 120
	DATE: 10/14/2025
MET WITH: Isabelle Enriquez, Executive Director	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 12:20 PM

ALLEGATION(S):

1	Facility is refusing to communicate with resident's authorized representative.
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3	Facility is not properly showering and grooming resident
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5	Facility did not provide residents representative with proper rent increase documentation
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Javier Prieto arrived to the facility to conduct a complaint investigation regarding the above allegations. LPA Prieto met with Executive Director Enriquez and explained the elements of the complaint.
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5	Allegation #1 - LPA Prieto interviewed Executive Director staff #1 (S1) and Resident Service Director S2, each stating that staff are in communication with resident #1, (R1) authorized representative. Copies of text communication, as well as email and phone communications from R1's responsible parties were also obtained during this complaint investigation.
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10	Allegation #2 - S1 provided LPA with R1 Resident Assessment documentation, indication the R1 is independent with grooming and minimal assistance with bathing. S1 and S2 indicate that R1's needs are being met relating to these services. R1 was not available for interview at time of investigation and has since moved from the facility.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Javier Prieto
LICENSING EVALUATOR SIGNATURE:

DATE: 10/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/14/2025

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 56-AS-20251008145558

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: MERIDIAN AT CHINO

FACILITY NUMBER: 361880893

VISIT DATE: 10/14/2025

NARRATIVE

1 Allegation #3 - S1 provided LPA with documentation that R1 did not have an increase in rent. S1 did
2 provide documentation of an increase of cost of care, after a reappraisal was conducted at the facility
3 due to a change of condition. S1 provided R1's responsible party the new assessment and cost, via
4 email. Documentation of this communication with R1's responsible party was obtained during this
5 investigation.
6

7 Based on the information obtained there is not enough evidence to support the allegations made in this
8 complaint. Therefore, the allegations are deemed UNSUBSTANTIATED at this time. This report was
9 signed by LPA Prieto and Administrator Enriquez and a copy was left with the facility.
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SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Javier Prieto
LICENSING EVALUATOR SIGNATURE:

DATE: 10/14/2025

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DATE: 10/14/2025

LIC9099 (FAS) - (06/04)

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