

Department of  
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361880893  
Report Date: 08/03/2026  
Date Signed: 08/03/2026 12:25:08 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/31/2026** and conducted by Evaluator Javier Prieto

|        |                                                |
|--------|------------------------------------------------|
| PUBLIC | COMPLAINT CONTROL NUMBER: 56-AS-20260731084458 |
|--------|------------------------------------------------|

|                |                                     |                         |                |
|----------------|-------------------------------------|-------------------------|----------------|
| FACILITY NAME: | MERIDIAN AT CHINO                   | FACILITY NUMBER:        | 361880893      |
| ADMINISTRATOR: | ISABEL ENRIQUEZ                     | FACILITY TYPE:          | 740            |
| ADDRESS:       | 11918 CENTRAL AVENUE                | TELEPHONE:              | (909) 548-2100 |
| CITY:          | CHINO                               | ZIP CODE:               | 91710          |
| CAPACITY:      | 156                                 | DATE:                   | 08/03/2026     |
|                | STATE: CA                           | UNANNOUNCED TIME BEGAN: | 09:00 AM       |
|                | CENSUS: 124                         | TIME COMPLETED:         | 12:30 PM       |
| MET WITH:      | Isabel Enriquez, Executive Director |                         |                |

ALLEGATION(S):

|   |                                                                         |
|---|-------------------------------------------------------------------------|
| 1 | The facility did not ensure the resident's personal care needs were met |
| 2 |                                                                         |
| 3 | The facility did not ensure the facility was kept free from bugs        |
| 4 |                                                                         |
| 5 |                                                                         |
| 6 |                                                                         |
| 7 |                                                                         |
| 8 |                                                                         |
| 9 |                                                                         |

INVESTIGATION FINDINGS:

|    |                                                                                                              |
|----|--------------------------------------------------------------------------------------------------------------|
| 1  | Licensing Program Analyst (LPA) Javier Prieto arrived to the facility to conduct a complaint investigation   |
| 2  | regarding the above allegations. LPA Prieto met with Executive Director Enriquez and explained the           |
| 3  | elements of the complaint.                                                                                   |
| 4  |                                                                                                              |
| 5  | Allegation #1 - LPA interviewed resident #1 (R1), in question, who does not have any concerns of the         |
| 6  | care that is being provided to her at the facility and expressed this to LPA at time of interview. R1        |
| 7  | appeared to clean, groomed and well cared for. LPA obtained R1's resident assessment that indicates a        |
| 8  | one person total assist with grooming and dressing once daily, at the beginning of the day, and a one        |
| 9  | person total assist with bathing 3X per week, from an outside agency. Facility staff now assist with these   |
| 10 | duties, beginning July 1st. A meeting was had with R1's responsible parties as to the new care plan and      |
| 11 | when that plan would be initiated. LPA obtained records of that discussion for this investigation. This plan |
| 12 | also included a change health insurance and pharmaceutical plan.                                             |
| 13 |                                                                                                              |

|                 |                               |
|-----------------|-------------------------------|
| Unsubstantiated | Estimated Days of Completion: |
|-----------------|-------------------------------|

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|---------------------------------------------------------------------------------------------------------|-------------------------|
| <b>SUPERVISORS NAME:</b> Karen Clemons                                                                  |                         |
| <b>LICENSING EVALUATOR NAME:</b> Javier Prieto                                                          |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>                                                                   | <b>DATE:</b> 08/03/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               | <b>DATE:</b> 08/03/2026 |

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** 56-AS-20260731084458

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| <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>           |                                                                                                                                                        |

|                                         |                                   |
|-----------------------------------------|-----------------------------------|
| <b>FACILITY NAME:</b> MERIDIAN AT CHINO | <b>FACILITY NUMBER:</b> 361880893 |
|                                         | <b>VISIT DATE:</b> 08/03/2026     |

| NARRATIVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | Allegation #2 - LPA toured R1's room and found it to be clean and free from infestation. LPA toured Memory Ward Dining area and found it to be clean and free of infestation. LPA obtained the facility's Commercial General Pest Control Agreement. Agreement indicates that service is provided twice a month to the interior and exterior of the facility. Records will also show that Memory Ward's Kitchen and Dining areas are treated on every visit. Records also show that R1's room is treated on these visits.<br><br>Based on the information obtained there is not enough evidence to support the allegations made in this complaint. Therefore, the allegations are deemed UNSUBSTANTIATED at this time. This report was signed by LPA Prieto and Executive Director Enriquez and a copy was left with the facility. |
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| <b>SUPERVISORS NAME:</b> Karen Clemons                                                                  |                         |
| <b>LICENSING EVALUATOR NAME:</b> Javier Prieto                                                          |                         |
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