

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 361881048

Report Date: 03/09/2026

Date Signed: 03/09/2026 09:45:12 AM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO 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 **02/26/2026** and conducted by Evaluator Eldin Serrano

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 56-AS-20260226100831</b>
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<b>FACILITY NAME:</b> AQUA RIDGE OF MONTCLAIR	<b>FACILITY NUMBER:</b> 361881048
<b>ADMINISTRATOR:</b> MONIQUE DEL JUNCO	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 9631 MONTE VISTA AVE	<b>TELEPHONE:</b> (909) 483-2782
<b>CITY:</b> MONTCLAIR	<b>ZIP CODE:</b> 91763
<b>CAPACITY:</b> 150	<b>DATE:</b> 03/09/2026
<b>STATE:</b> CA	<b>UNANNOUNCED TIME BEGAN:</b> 08:55 AM
<b>CENSUS:</b> 88	<b>TIME COMPLETED:</b> 10:00 AM
<b>MET WITH:</b> Monique Del Junco, Executive Director	

### ALLEGATION(S):

1	Staff does not accord resident privacy.
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### INVESTIGATION FINDINGS:

1	On March 9, 2026 at 8:55AM, Licensing Program Analysts (LPA) Eldin Serrano visited the facility to
2	investigate the above-mentioned allegation and deliver findings. LPA met with Administrator Monique Del
3	Junco to discuss the purpose of the visit. The investigation consisted of file review, interviewing relevant
4	parties as well as observation.
5	
6	The allegation indicates that staff does not accord resident privacy. – Based on interviews with relevant
7	parties and observation, it was confirmed that client #1 (C1) has a camera on C1's room that record
8	video and audio. Audio recording is prohibited by regulation. By allowing the camera's audio function, the
9	facility violated the resident's right to personal privacy.
10	
11	Based on interviews, the preponderance of evidence standard has been met, therefore, the allegations
12	are substantiated under the California Code of Regulations (Title 22, Division 6 Chapter 8).
13	An exit interview was conducted where this report, LIC9099, LIC9099D along with appeal rights, were
	provided to the Administrator Monique Del Junco.

**SUPERVISORS NAME:** Karen Clemons  
**LICENSING EVALUATOR NAME:** Eldin Serrano  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/09/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/09/2026

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-20260226100831

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27  
RIVERSIDE, CA 92507

# COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** AQUA RIDGE OF MONTCLAIR  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 361881048  
**VISIT DATE:** 03/09/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/16/2026 Section Cited CCR 87468.2(a)(1)	<p>Title 22, Division 6 Chapter 8 87468.2 (a)(1) (a) In addition to the rights listed in Section 87468.1, Personal Rights of Residents in All Facilities, residents in...facilities for the elderly shall have all of the following personal rights:(1)To have a reasonable level of personal privacy in accommodations, medical treatment, personal care and assistance, visits, communications, telephone conversations,,and meetings of resident and family groups.This requirement is not met as evidence by:</p>	<p>Licensee/Administrator agrees to submit a statement of understanding to follow the regulation cited above by plan of correction (POC) due date.</p>
	<p>8 Based on interviews and observation, 9 the licensee did not comply with the 10 section cited above by not ensuring that 11 the residents have reasonable level of 12 personal privacy in accommodation and 13 visits which poses a potential health, 14 safety or personal rights risk to persolns in care.</p>	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**SUPERVISORS NAME:** Karen Clemons  
**LICENSING EVALUATOR NAME:** Eldin Serrano

LICENSING EVALUATOR SIGNATURE:

DATE: 03/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/09/2026

LIC9099 (FAS) - (06/04)

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### COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/26/2026** and conducted by Evaluator Eldin Serrano

**COMPLAINT CONTROL NUMBER:** 56-AS-20260226100831

**FACILITY NAME:** AQUA RIDGE OF MONTCLAIR

**FACILITY NUMBER:** 361881048

**ADMINISTRATOR:** MONIQUE DEL JUNCO  
**ADDRESS:** 9631 MONTE VISTA AVE

**FACILITY TYPE:** 740  
**TELEPHONE:** (909) 483-2782

**CITY:** MONTCLAIR

**STATE:** CA

**ZIP CODE:** 91763

**CAPACITY:** 150

**CENSUS:** 88

**DATE:** 03/09/2026

**UNANNOUNCED TIME BEGAN:**

08:55 AM

**MET WITH:** Monique Del Junco, Executive Director

**TIME**

10:00 AM

**COMPLETED:**

#### ALLEGATION(S):

- |   |  |
|---|--|
| 1 | Staff does not allow resident to have visitations. |
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#### INVESTIGATION FINDINGS:

- |    |  |
|----|--|
| 1  | On 03/09/2026 at 8:55 AM, Licensing Program Analyst (LPA) Eldin Serrano made an unannounced visit to           |
| 2  | the facility to investigate and deliver the findings of the above allegation. LPA Serrano met with             |
| 3  | administrator Monique Del Junco to explain the purpose of the visit. The investigation consisted of file       |
| 4  | review, interviews with relevant parties as well as facility observation.                                      |
| 5  |  |
| 6  | Allegation: Staff does not allow resident to have visitations. – Based on interviews with relevant parties, it |
| 7  | was determined that facility staff did not restrict the resident’s visit. Instead, the individual holding the  |
| 8  | power of attorney had imposed the visitation limitation. LPA was unable to corroborate the allegation.         |
| 9  |  |
| 10 | Information received during investigation LPA did not find evidence to corroborate the allegations.            |
| 11 |  |
| 12 | Based on the evidence, the allegations mentioned above is UNSUBSTANTIATED. A finding that the                  |
| 13 | complaint is UNSUBSTANTIATED means although the allegation may have happened or is valid, there is             |
|    | not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the             |
|    | allegation is unsubstantiated at this time.  |
|    | <br>An exit interview was conducted where this report, LIC9099 was discussed and provided to administrator     |
|    | Moniques Del Junco.  |

**Unsubstantiated** Estimated Days of Completion:

**SUPERVISORS NAME:** Karen Clemons  
**LICENSING EVALUATOR NAME:** Eldin Serrano  
**LICENSING EVALUATOR SIGNATURE:** **DATE:** 03/09/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/09/2026

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LIC9099 (FAS) - (06/04)

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