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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361881048
Report Date: 08/10/2026
Date Signed: 08/10/2026 12:01:46 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/29/2026** and conducted by Evaluator Eldin Serrano

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260529091927

FACILITY NAME:	AQUA RIDGE OF MONTCLAIR			**FACILITY NUMBER:**	361881048
ADMINISTRATOR:	MONIQUE DEL JUNCO			**FACILITY TYPE:**	740
ADDRESS:	9631 MONTE VISTA AVE			**TELEPHONE:**	(909) 483-2782
CITY:	MONTCLAIR	**STATE:** CA		**ZIP CODE:**	91763
CAPACITY:	150	**CENSUS:** 87		**DATE:**	08/10/2026
		UNANNOUNCED		**TIME BEGAN:**	11:00 AM
MET WITH:	Monique Del Junco, Executive Director			**TIME COMPLETED:**	12:20 PM

ALLEGATION(S):

1	Staff confiscated resident's personal belongings
2	Staff did not include the resident in reappraisal decision-making
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INVESTIGATION FINDINGS:

1	On 8/10/2026 at 8:50 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 met with executive director
3	Monique Del Junco to explain the purpose of the visit. The investigation consisted of file review,
4	interviews with facility staff and residents as well as facility observation.
5	
6	Allegation 1: Staff confiscated resident’s personal belongings - Residents interviewed reported that no
7	personal belongings confiscated. S1 and S2 stated R1 voluntarily provided medications to staff after
8	receiving medical directions from the nurse practitioner. Staff reported returning R1’s inhaler once
9	physician approval was obtained. Staff statements indicate no belongings were taken outside of
10	medication removal conducted under medical orders.
11	
12	******continuation on LIC9099C******
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Eldin Serrano
LICENSING EVALUATOR SIGNATURE:
DATE: 08/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/10/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 56-AS-20260529091927

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: AQUA RIDGE OF MONTCLAIR **FACILITY NUMBER:** 361881048
VISIT DATE: 08/10/2026

NARRATIVE

Allegation 2: Staff did not include the resident in reappraisal decision-making - Residents reported being included in reassessment discussions. Staff reported R1 was asked and acknowledged understanding that staff would begin administering medications. Staff stated the nurse practitioner discussed medication management with R1 and issued the corresponding directive. R1 reported not being included in the decision; however, staff statements indicate medical professionals informed R1 and staff confirmed R1's understanding before proceeding.

Based on the record review and interviews, the allegations mentioned above are UNSUBSTANTIATED. A finding that the 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.

An exit interview was conducted where this report, LIC9099 and LIC 9099C were discussed and provided to executive director Monique Del Junco.

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Eldin Serrano
LICENSING EVALUATOR SIGNATURE:
DATE: 08/10/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/10/2026