

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 366400985
Report Date: 11/26/2025
Date Signed: 11/26/2025 11:42:18 AM

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 **08/15/2023** and conducted by Evaluator Javier Prieto

	COMPLAINT CONTROL NUMBER: 56-AS-20230815121518
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FACILITY NAME: ATRIA DEL REY	FACILITY NUMBER: 366400985
ADMINISTRATOR: DEGUZMAN, SAMUEL	FACILITY TYPE: 740
ADDRESS: 8825 BASELINE RD	TELEPHONE: (909) 989-4346
CITY: RANCHO CUCAMONGA	STATE: CA
CAPACITY: 145	ZIP CODE: 91730
	CENSUS: 83
	DATE: 11/26/2025
MET WITH: Alondra Fuentes, Executive Director	UNANNOUNCED TIME BEGAN: 10:01 AM
	TIME COMPLETED: 11:55 AM

ALLEGATION(S):

1	Staff not maintaining a comfortable room temperature for resident.
2	
3	Staff does not assist resident with feeding.
4	
5	Staff locks facility exit door.
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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 met with Executive Director Alondra Fuentes and explained the elements of the complaint.
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5	Allegation #1 - LPA Prieto and Executive Director Fuentes toured the facility and found the temperature to comfortable. LPA interviewed resident #1 (R1), R2, R3, R4 R5, R6 and R7, all stating that temperatures at the facility and in their rooms are comfortable.
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9	Allegation #2 - LPA interviewed R1, R2, R3, R4 R5, R6 and R7, all stating that the food at the facility is of good quantity and quality. None of these residents stated they need assisting with feeding.
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12	*** continued on LIC9099C***
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Javier Prieto
LICENSING EVALUATOR SIGNATURE:

DATE: 11/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/26/2025

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-20230815121518

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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: ATRIA DEL REY

FACILITY NUMBER: 366400985

VISIT DATE: 11/26/2025

NARRATIVE

1 Allegation #3 - LPA Prieto and Executive Director Fuentes toured the facility and observed that none of
2 facility exit door are locked. Residents and staff are able to leave the facility safely.
3

4 Based on the information obtained there is not enough evidence to support the allegations made in this
5 complaint. Therefore, the allegations are deemed UNSUBSTANTIATED at this time. This report was
6 signed by LPA Prieto and Executive Director Fuentes 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: 11/26/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/26/2025

LIC9099 (FAS) - (06/04)

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