

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 366400985
Report Date: 07/03/2026
Date Signed: 07/03/2026 11:08:08 AM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/16/2025** and conducted by Evaluator Beena Singh

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20251216091826
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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	ZIP CODE: 91730
CAPACITY: 145	DATE: 07/03/2026
	UNANNOUNCED TIME BEGAN: 08:57 AM
MET WITH: Denise Naulls-Jordan-Resident Service Director.	TIME COMPLETED: 11:20 AM

ALLEGATION(S):

1	Resident sustained injuries and was not reported to family.
2	Facility did not give/seek proper care.
3	Facility charged resident family additional fees for next level care of service with out providing it.
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INVESTIGATION FINDINGS:

1	On 07/03/2026, Licensing Program Analyst (LPA) Beena Singh arrived to the facility to conduct a complaint investigation and delivered the findings in regards to the above allegations.
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5	First Allegation:-Resident sustained injuries and was not reported to family.
6	LPA Singh conducted interview with Denise Naulls-Jordan, facility Resident Service Director who stated
7	that facility staff ensures that residents are immediatly given first aid care after a fall or injuries, and
8	taken to hospital if they needed to, According to Denise, Resident service director, facility also informs
9	POA or designated family member and reports incidents to Community Care Licensing department.
10	(CCLD).
11	LPA Singh observed that Resident#1 has not been identified in the complaint submitted to the
12	department on 12/16/2025.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Efren Malagon	
LICENSING EVALUATOR NAME: Beena Singh	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/03/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/03/2026

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-20251216091826

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ATRIA DEL REY	FACILITY NUMBER: 366400985
	VISIT DATE: 07/03/2026

NARRATIVE	
1	Second Allegation: -Facility did not give/seek proper care.
2	LPA Singh conducted interview with Denise Naulls-Jordan, facility Resident service Director who stated
3	that facility staff ensures that residents are given proper care and supervision and also documented in
4	needs and services logs.
5	
6	Third Allegation: -Facility charged resident family additional fees for next level care of service with
7	out providing it.
8	LPA Singh conducted interview with facility Resident Service Director who stated that facility staff
9	follows the policies and procedures when a resident is assessed and level of care is
10	determined keeping in mind change of condition, falls and activities of daily living(ADL's).
11	According to Resident Service Director Denise Naulls-Jordan, Facility maintains complete
12	transparency with the family and Power of Attorney(POA) for the resident. Discussions and
13	meetings are held with the resident's Power of Attorney (POA) and family. The family are
14	fully informed about the changes in the resident's condition and the necessity of upgrading
15	their care. Residents families are in complete agreement with both the increased level of care
16	and the financial adjustments before moving forward with resident's level of care and
17	financial adjustments.
18	
19	Resident#1 has not been identified in the complaint submitted to the department so these allegations
20	are Unsubstantiated.
21	
22	Based on the evidence found during the investigation, the allegations listed Resident
23	sustained injuries and was not reported to family, Facility did not give/seek proper care and
24	Facility charged resident family additional fees for next level care of service with out
25	providing it, is deemed UNSUBSTANTIATED . A finding that the complaints are
26	UNSUBSTANTIATED means although the allegation may have happened or are valid, there
27	is not a preponderance of evidence to prove the alleged violations did or did not occur.
28	During today’s visit, no deficiencies were cited per Title 22, Division 6, of the California
29	Code of Regulations.
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31	An exit interview was conducted, and this report (LIC9099) was discussed and provided to
32	Denise Naulls-Jordan-Resident Service Director, facility representative.

SUPERVISORS NAME: Efren Malagon	
LICENSING EVALUATOR NAME: Beena Singh	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/03/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/03/2026