

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

**COMPLAINT INVESTIGATION REPORT**

Facility Number: 374603339

Report Date: 10/21/2025

Date Signed: 10/21/2025 12:33:08 PM

**Unfounded**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE 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 **09/25/2025** and conducted by Evaluator Valerie Flores

	<b>COMPLAINT CONTROL NUMBER: 18-AS-20250925082723</b>
--	---

<b>FACILITY NAME:</b> MERIDIAN AT LAKE SAN MARCOS, THE	<b>FACILITY NUMBER:</b> 374603339
<b>ADMINISTRATOR:</b> AMY BANAGA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1177 SAN MARINO DR BLDG 1 & 2	<b>TELEPHONE:</b> (760) 510-7500
<b>CITY:</b> SAN MARCOS	<b>STATE:</b> CA
<b>CAPACITY:</b> 170	<b>ZIP CODE:</b> 92078
	<b>DATE:</b> 10/21/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 10:00 AM
<b>MET WITH:</b> Executive Director, Shaun McGuirk.	<b>TIME COMPLETED:</b> 12:40 PM

**ALLEGATION(S):**

1	Staff do not ensure adequate supervision is provided to residents in care
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	On 10/21/2025, Licensing Program Analyst (LPA) Valerie Flores conducted an unannounced visit to the
2	facility for the purpose of delivering investigative findings into the allegation listed above. The
3	investigation consisted of interviews.
4	Information received alleged staff do not ensure adequate supervision is provided to residents in care as
5	it was reported that Resident #1 (R1) observed an unknown male resident in R1's room. A follow-up
6	interview was conducted with the Reporting Party (RP) which divulged that RP is unsure if the allegation
7	is true as R1 is confused at times often retelling incidents that have not occurred. Interviews conducted
8	with Staff #1 (S1) and R1 reported that residents often wander in the common area's of the facility but do
9	not have knowledge of any residents wandering into R1's rooms.
10	
11	(Continue to LIC9099C...)
12	
13	

<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
------------------	--------------------------------------

**SUPERVISORS NAME:** Anthony Perez  
**LICENSING EVALUATOR NAME:** Valerie Flores  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/21/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/21/2025

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** 18-AS-20250925082723

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** MERIDIAN AT LAKE SAN MARCOS, THE

**FACILITY NUMBER:** 374603339

**VISIT DATE:** 10/21/2025

### NARRATIVE

1 (Continuation from LIC9099)  
2

3 Interview conducted with R1 further detailed encounters with Resident #2 (R2) where R2 wanders the  
4 common areas and has attempted to open R1's unit door but has not gained access to the unit as it  
5 required a key to open. R1 reports having a key to access their unit. R1 reports that all staff and  
6 residents are aware of R2's actions as R2 is highly confused. R1 further reports that R2 nor any other  
7 resident have ever entered into R1's room. Therefore, the complaint allegation of staff do not ensure  
8 adequate supervision is provided to residents in care is unfounded.  
9

10 A finding that the complaint is unfounded means that the allegation is false, could not have happened,  
11 and/or is without a reasonable basis.  
12

13 Exit interview conducted and copy of report provided Executive Director, Shaun McGuirk.  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

**SUPERVISORS NAME:** Anthony Perez  
**LICENSING EVALUATOR NAME:** Valerie Flores  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/21/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/21/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 2