

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 496801684
Report Date: 02/27/2026
Date Signed: 02/27/2026 02:24:19 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/06/2026** and conducted by Evaluator Marisol Cuadra

PUBLIC	COMPLAINT CONTROL NUMBER: 21-AS-20260206112609
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FACILITY NAME: AA BEST CARE HOMES	FACILITY NUMBER: 496801684
ADMINISTRATOR: AQUINO, NICANOR	FACILITY TYPE: 740
ADDRESS: 857 HEARN AVE.	TELEPHONE: (707) 546-8413
CITY: SANTA ROSA	ZIP CODE: 95407
CAPACITY: 40	DATE: 02/27/2026
MET WITH: Charito Santos (Administrative Assistant)	UNANNOUNCED TIME BEGAN: 01:05 PM
	TIME COMPLETED: 02:44 PM

ALLEGATION(S):

1	-Staff wrongfully evicted resident.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Cuadra arrived unannounced to conduct a complaint investigation and delivered findings regarding the allegation listed above and met with Administrative Assistant Charito Santos.
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5	The Department received an allegation of staff wrongfully evicted a resident. Per Reporting Party, resident (R1) was informed that they were being discharged from the crisis center to a shelter due to the facility refusing R1 to come back for unknown reasons. Based on records review, on 2/3/26 the facility submitted incident report notifying the department that on 1/30/26 around 11:00pm, R1 called 911 to complain that their life was in danger at the facility, then two police officers arrived at the facility to interview R1, the officers determined that R1 was going to be transported to the hospital for further evaluation (case #261055), and responsible parties were notified. The Police Records #261055 obtained by LPA confirmed above description of the event but did not provide any supportive evidence due to a report not being completed.
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13	Continue on LIC9099C...

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bethany Moellers
LICENSING EVALUATOR NAME: Marisol Cuadra
LICENSING EVALUATOR SIGNATURE:

DATE: 02/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/27/2026

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 21-AS-20260206112609

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1450 NEOTOMAS AVENUE,
STE. 100
SANTA ROSA, CA 95405

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: AA BEST CARE HOMES

FACILITY NUMBER: 496801684

VISIT DATE: 02/27/2026

NARRATIVE

1 Continued from LIC9099...

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3 The facility provided R1's records including their care plan and medical assessment. According to their
4 physician report (LIC602) dated 1/9/26, R1 has a diagnosis of paranoid schizophrenia, which is
5 addressed in R1's care plan. Facility's care notes dated February 6, 2026, indicate that at approximately
6 9:30am the facility was contacted by an outside agency individual (I1) informed them that R1's
7 medications should arrive prior to R1's discharge, then another entry at approximately 9:40am revealed
8 that I1 notified the facility that R1 will be discharged to a shelter. Last entry at 11:00am, R1 discharged
9 from hospital to a shelter. Based on interviews conducted with outside parties (I1) confirmed that R1 was
10 discharged to a shelter after Administrative Assistant briefly refused to take R1 back to the facility, after a
11 couple hours due to unknown reasons Administrative Assistant contacted I1 to tell them to bring R1 back
12 to the facility. According to Administrative Assistant, R1 has been experiencing ongoing thoughts that
13 somebody wants to hurt or kill them (unknown names revealed). Per Administrative Assistant, the
14 hospital wanted to discharge R1 to a shelter and they didn't contact the facility. On 2/6/26 at
15 approximately 9:30am, they learned that R1 had been discharged to a shelter, they subsequently at
16 9:40am contacted R1's case worker to let them know that R1 could come back to the facility because
17 they want to give them a second opportunity. LPA interviewed R1 who confirmed that they were
18 discharged from crisis center to a place due to unknown reasons, but it was briefly, then they got picked
19 up and were brought back to the facility. Per R1, there are no concerns about the care and supervision
20 provided to them by facility staff. Although interviews conducted by LPA with involved parties revealed
21 conflicting information, there was no written eviction letter issued, and it was determined that the facility
22 refused that R1 come back to the facility for a short period of time, then they changed their mind and R1
23 was brought back to the facility. The finding that the allegation of staff wrongfully evicted a resident is
24 unsubstantiated meaning that although the allegation may have happened or is valid, there is not a
25 preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
26 UNSUBSTANTIATED.

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28 Exit interview conducted with Administrative Assistant and copy of report was given.

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LICENSING EVALUATOR NAME: Marisol Cuadra
LICENSING EVALUATOR SIGNATURE:

DATE: 02/27/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/27/2026

LIC9099 (FAS) - (06/04)

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