

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 157206770

Report Date: 02/09/2026

Date Signed: 02/09/2026 02:29:13 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
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 Daiquiri Boyd

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20260206101234
---------------	---

FACILITY NAME: POINTE AT SUMMIT HILLS, THE	FACILITY NUMBER: 157206770
ADMINISTRATOR: PERLA PENA	FACILITY TYPE: 740
ADDRESS: 4501 UPLAND POINT DRIVE	TELEPHONE: (661) 447-4800
CITY: BAKERSFIELD	STATE: CA
CAPACITY: 170	ZIP CODE: 93306
MET WITH: Perla Pena	CENSUS: 77
	DATE: 02/09/2026
	UNANNOUNCED TIME BEGAN: 10:45 AM
	TIME COMPLETED: 02:45 PM

ALLEGATION(S):

1	Staff do not assist resident with consuming medication
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Daiquiri Boyd conducted an unannounced complaint investigation visit
2	to the facility. During the course of this complaint investigation LPA interviewed staff on duty, interviewed
3	residents living at the facility, reviewed resident files, and reviewed organizational documents. It was
4	determined based on the interviews and records review that the above allegation is SUBSTANTIATED.
5	Staff did not stay and assist resident when taking a medication. Based on LPAs observations and
6	interviews which were conducted and record review(s), the preponderance of evidence standard has
7	been met, therefore the above allegation(s) is found to be SUBSTANTIATED. California Code of
8	Regulations are being cited.
9	
10	
11	
12	
13	

Substantiated	Estimated Days of Completion:
----------------------	--------------------------------------

SUPERVISORS NAME: Sergiy Pidgirny

LICENSING EVALUATOR NAME: Daiquiri Boyd
LICENSING EVALUATOR SIGNATURE:

DATE: 02/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/09/2026

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 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
FRESNO RO, 1314 E SHAW AVE
FRESNO, CA 93710

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 Daiquiri Boyd

PUBLIC

COMPLAINT CONTROL NUMBER: 24-AS-20260206101234

FACILITY NAME: POINTE AT SUMMIT HILLS, THE

FACILITY NUMBER: 157206770

ADMINISTRATOR: PERLA PENA

FACILITY TYPE: 740

ADDRESS: 4501 UPLAND POINT DRIVE

TELEPHONE: (661) 447-4800

CITY: BAKERSFIELD

STATE: CA

ZIP CODE: 93306

CAPACITY: 170

CENSUS: 77

DATE: 02/09/2026

MET WITH: Perla Pena

UNANNOUNCED TIME BEGAN: 10:45 AM

TIME COMPLETED: 02:45 PM

ALLEGATION(S):

- 1 Facility staff did not administer resident's medication in a timely manner
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst (LPA) Daiquiri Boyd conducted the complaint investigation visit to the facility.
- 2 During this visit LPA delivered investigation findings regarding the above allegation. The Department has
- 3 investigated the complaint alleging: Facility staff did not administer resident's medication in a timely
- 4 manner. Based on the interviews conducted and/or records review the above allegation is
- 5 UNSUBSTANTIATED. Although the allegation may have happened or is valid, there is not a
- 6 preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegations
- 7 are unsubstantiated.
- 8
- 9
- 10
- 11
- 12
- 13

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Sergiy Pidgirny

LICENSING EVALUATOR NAME: Daiquiri Boyd

LICENSING EVALUATOR SIGNATURE:

DATE: 02/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/09/2026

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

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 24-AS-20260206101234

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** POINTE AT SUMMIT HILLS, THE
DEFICIENCY INFORMATION FOR THIS PAGE:**FACILITY NUMBER:** 157206770
VISIT DATE: 02/09/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/10/2026 Section Cited CCR 87465(a)(4)	1 Incidental Medical and Dental Care-(a) 2 (4) The licensee shall assist residents 3 with self-administered medications as 4 needed. This requirement was not met 5 as evidenced by interviews with 6 resident R1 and R2 in which statements 7 confirmed that the Medication Technician	1 Facility will retrain Med Tech staff on 2 proper dispensing of medication by 3 2/18/2026. Facility will immediately give 4 notice to the Med Tech staff of this 5 violation and obtain staff signatures 6 stating the understanding of appropriate 7 process by 2/11/2026.
	8 did not stay with the resident, observe 9 the resident or offer any assistance to 10 the resident, after handing the 11 medication to the resident; which poses 12 an immediate risk to the health, safety, 13 or personal rights risk to the residents 14 in care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Sergiy Pidgirny	
LICENSING EVALUATOR NAME: Daiquiri Boyd	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/09/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/09/2026