

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 157209136

Report Date: 02/11/2026

Date Signed: 02/11/2026 01:20:00 PM

Unfounded

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 Martin Vega

	COMPLAINT CONTROL NUMBER: 24-AS-20260206072155
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FACILITY NAME: REDWOOD SENIOR LIVING BAKERSFIELD	FACILITY NUMBER: 157209136
ADMINISTRATOR: PONCE, BEATRIZ	FACILITY TYPE: 740
ADDRESS: 810 S UNION AVE	TELEPHONE: (661) 633-2263
CITY: BAKERSFIELD	STATE: CA
CAPACITY: 41	ZIP CODE: 93307
	CENSUS: 37
	DATE: 02/11/2026
	UNANNOUNCED TIME BEGAN: 11:25 AM
MET WITH: Administrator - Brandon Weber and Regional Director - Steven Cruz	TIME COMPLETED: 01:45 PM

ALLEGATION(S):

1	Staff not assisting residents with their care needs
2	Staff are violating residents' personal rights
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INVESTIGATION FINDINGS:

1	On 02/11/2026 Licensing Program Analyst (LPA) M Vega arrived at the facility for an unannounced initial complaint visit. LPA met with facility staff, explained reason for visit and was permitted entry into the facility. LPA met with Administrator - Brandon Weber and Regional Director - Steven Cruz.
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5	During visit LPA requested the following documentation (LIC 9020 - Register of Facility Clients, LIC 500 - Staff Roster, and LIC 602A, 603 and 625) Health and safety tour conducted at facility.
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8	During investigation documentation was requested and reviewed and interviews were conducted.
9	Staff(s) does not work at the facility per staff interview and documents obtained. The allegations are
10	UNFOUNDED, meaning the allegations are false, could not have happened, and/or is without a
11	reasonable basis.
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13	No deficiencies cited during today's visit. Exit interview completed with Administrator. A copy of this report was Signed, discussed and provided to Administrator for facility records.

Unfounded	Estimated Days of Completion: 1
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SUPERVISORS NAME: Brenda Chan
LICENSING EVALUATOR NAME: Martin Vega
LICENSING EVALUATOR SIGNATURE:

DATE: 02/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/11/2026

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