

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 198601672  
Report Date: 02/09/2026  
Date Signed: 02/09/2026 09:16:14 AM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/30/2026** and conducted by Evaluator Gabriela Castro

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 28-AS-20260130100706</b>
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<b>FACILITY NAME:</b> CLAREMONT MANOR	<b>FACILITY NUMBER:</b> 198601672
<b>ADMINISTRATOR:</b> ROBERT BARTON	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 650 W. HARRISON AVE.	<b>TELEPHONE:</b> (909) 626-1227
<b>CITY:</b> CLAREMONT	<b>ZIP CODE:</b> 91711
<b>CAPACITY:</b> 360	<b>DATE:</b> 02/09/2026
	<b>UNANNOUNCED TIME BEGAN:</b> 08:57 AM
<b>MET WITH:</b> Tanya Madrid, Director of Resident Services and Minerva Naranjo, Director of Health Services	<b>TIME COMPLETED:</b> 09:15 AM

**ALLEGATION(S):**

1	Staff do not meet a resident's incontinence needs
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**INVESTIGATION FINDINGS:**

1	<p>***This report supersedes the report dated 02/03/26. The superseded report was created to update staff, residents and witness identifiers. The findings remain unchanged***</p> <p>Licensing Program Analyst (LPA) Gabriela Castro conducted an unannounced complaint visit on 02/03/2026 to deliver findings related to the above allegation. LPA met with Tanya Madrid, Director of Resident Services and explained the purpose of the visit.</p> <p>The investigation included a review of the resident roster, staff roster, resident face sheet, R1 Physician's Report, R1 hospice care plans, copies of signage posted in R1's room, R1 incontinence schedules, R1's call pendant logs, and R1's caregiver notes. Additionally, LPA conducted interviews with five (5) staff members (S1-S5), two (2) witness (W1-W2) and eight (8) residents (R1-R8).</p> <p>(Continued on 9099C)</p>
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** David Sicairos  
**LICENSING EVALUATOR NAME:** Gabriela Castro  
**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)

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**Control Number** 28-AS-20260130100706

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
MONTEREY PARK ASC, 1000 CORPORATE CNTR  
DR. ST 500  
MONTEREY PARK, CA 91754

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** CLAREMONT MANOR

**FACILITY NUMBER:** 198601672

**VISIT DATE:** 02/09/2026

### NARRATIVE

1 **Allegation: Staff do not meet a resident's incontinence needs**

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3 It is alleged that the facility does not change R1's diapers frequently enough, which is causing R1 to get  
4 urinary tract infections. During staff interviews, staff consistently stated that they assist R1 with ADLs,  
5 including grooming, showers, and incontinence care, and that residents requiring increased  
6 incontinence care are checked regularly. Staff stated that care provided is documented, including  
7 toileting and brief changes, and that staff respond to R1's requests for assistance as promptly as  
8 possible. Staff stated that care plans and hospice plans are available and followed, and that care is  
9 individualized based on R1's preferences and needs. Staff denied concerns of neglect and stated that  
10 R1 has not complained about incontinent care. During the resident interview, R1 stated that the facility  
11 provides her with everything she needs and that staff treat her well. R1 expressed satisfaction with her  
12 living environment and stated that her overall health is good. R1 stated she does not like hospice  
13 services and would prefer to return to her prior routine. R1 acknowledged the history of UTIs and  
14 reported she is currently taking antibiotics. During resident interviews, residents R2-R8 stated they are  
15 satisfied with the care being provided and reported no concerns regarding incontinence care.

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17 During W1 interview, W1 stated that R1 has resided at the facility for over eight years and expressed no  
18 concerns regarding the services provided. W1 reported regular communication with the hospice nurse  
19 and stated that a new incontinence care plan was developed to help reduce recurrent UTIs, noting that  
20 UTIs can be common with aging. W1 stated they will continue to communicate with hospice and facility  
21 staff and reported no additional concerns. During W2 interview, W2 stated their duties include assessing  
22 the resident, conducting regular check-ins, and coordinating care to support the resident's comfort and  
23 well-being. W1 stated that R1 prefers care to be provided in a specific manner and that a care plan was  
24 developed between W2, R1 and W1. W2 stated that R1 has a history of recurring UTIs and that R1  
25 reports feeling hot and experiencing burning sensations in the mornings. W2 stated that reminder  
26 signages are posted in R1's room for caregivers to see and that care is adjusted to meet R1's  
27 preferences. W2 described R1 as articulate, active in facility activities, and having vision impairment that  
28 causes occasional frustration. W2 stated their role is oversight and care coordination, with caregivers  
29 providing direct incontinence care per the care plan. W2 stated that they do not believe the facility  
30 neglects residents and would feel comfortable having their own family reside at the facility.

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32 Based on the investigation conducted, including interviews with staff, witnesses and residents and  
review of relevant records, there was insufficient evidence to support the reported allegation. Although  
the allegation may have happened or is valid, there is not a preponderance of evidence to prove the  
alleged violation did or did not occur, therefore the allegation is **UNSUBSTANTIATED**. Exit interview  
was held, and a copy of this report was provided.

**SUPERVISORS NAME:** David Sicairos  
**LICENSING EVALUATOR NAME:** Gabriela Castro  
**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

LIC9099 (FAS) - (06/04)

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