

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603267
Report Date: 01/30/2026
Date Signed: 01/30/2026 04:09:05 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/17/2025** and conducted by Evaluator Nune Margaryan

	COMPLAINT CONTROL NUMBER: 28-AS-20250917141609
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FACILITY NAME: SILVERADO SENIOR LIVING-SIERRA VISTA	FACILITY NUMBER: 198603267
ADMINISTRATOR: GWINN, VIDA	FACILITY TYPE: 740
ADDRESS: 125 E. SIERRA MADRE AVE	TELEPHONE: (626) 812-9777
CITY: AZUSA	ZIP CODE: 91702
CAPACITY: 87	DATE: 01/30/2026
MET WITH: Selene Rangel-Gutierrez	UNANNOUNCED TIME BEGAN: 02:30 PM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff did not supervise the resident according to their needs.
2	Resident sustained unexplained scratches their back.
3	Staff did not administer medication as prescribed.
4	Staff allowed the resident to be malodorous.
5	Staff left the resident soiled.
6	Facility did not provide a refund.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Nune Margaryan conducted a subsequent unannounced complaint visit to deliver finding to the above-mentioned allegations. LPA met with Selene Rangel-Gutierrez. LPA explained the reason for the visit.
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5	The investigation consisted of the following: During the initial visit, on 09/23/25 LPA Nune Margaryan obtained copies of Staff & Residents rosters, interviewed Administrator, Staff 1 (S1) - Staff 5 (S5), Resident 2 (R2) - Resident 8 (R8) and requested Resident 1's (R1) file. LPA reviewed and collected documents related to R1. LPA was unable to interview R1. R1 was moved from the facility on 09/10/25.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Wei Siew Ho
LICENSING EVALUATOR NAME: Nune Margaryan
LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026

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-20250917141609

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: SILVERADO SENIOR LIVING-SIERRA VISTA

FACILITY NUMBER: 198603267

VISIT DATE: 01/30/2026

NARRATIVE

1 Regarding allegations: Staff did not supervise the resident according to their needs and Resident
2 sustained unexplained scratches their back. It was alleged that staff allowed the resident to wander
3 without supervision and scratch themselves, resident sustained unexplained scratches to their back.
4
5 The Administrator and staff were interviewed and denied the allegation. They stated that residents are
6 supervised at all times based on individual needs and that adequate supervision is consistently
7 provided. Staff reported that R1 required full hands-on assistance with all activities of daily living,
8 including meal setup with guidance and reminders, as well as incontinent care. Staff further stated that
9 R1 had a history of sensitive skin with intermittent skin issues. According to staff, lotions and ointments
10 prescribed by R1's physician were applied daily per doctor's orders, even when skin irritation was not
11 present. Staff stated they did not observe any new scratches or marks on R1's skin prior to R1 moving
12 out of the facility. The LPA reviewed R1's file and confirmed that skin treatments were administered in
13 accordance with the physician's orders. Records indicated that on the day R1 was picked up by the
14 responsible party, R1's skin was clear, intact, and free of lesions / scratches. . The LPA interviewed eight
15 residents. One resident was unable to respond due to cognitive impairment. The remaining seven
16 residents denied the allegation and reported that staff are available and provide assistance according to
17 residents' needs. No concerns regarding supervision or staffing were reported. While LPA walked
18 around to conduct resident interviews, LPA observed sufficient staff on duty and actively assisting
19 residents. Review of the staff roster, daily staffing logs, caregiver schedules, and daily assignment
20 sheets indicated that the facility maintained sufficient staffing to meet resident needs. Based on staff and
21 resident interviews, observations, and record review, the allegation that staff failed to supervise R1
22 resulting in unexplained scratches was not corroborated.

24 Regarding allegation: Staff did not administer medication as prescribed. It was alleged that staff was not
25 applying ointments to R1 as prescribed.

27 The Administrator and staff were interviewed and denied the allegation. They stated that all medications
28 and ointments are administered and applied to residents in accordance with physicians' orders and
29 within required time frames. Staff reported that R1 had sensitive skin and that all prescribed creams and
30 ointments were applied as ordered. Staff further stated that the facility purchased and provided
31 sensitive-skin body wash to assist during periods when R1 experienced skin irritation flare-ups that
32 caused itching.

Continue 9099C

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LICENSING EVALUATOR NAME: Nune Margaryan
LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026

LIC9099 (FAS) - (06/04)

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Control Number 28-AS-20250917141609

**COMPLAINT INVESTIGATION REPORT
(Cont)**FACILITY NAME: SILVERADO SENIOR LIVING-SIERRA
VISTA

FACILITY NUMBER: 198603267

VISIT DATE: 01/30/2026

NARRATIVE

1 The LPA reviewed R1's file and medical records and observed documentation indicating that all
2 prescribed creams and ointments were applied as ordered by the physician and within the prescribed
3 time frames. The LPA interviewed eight residents. One resident was unable to respond due to cognitive
4 impairment. The remaining seven residents denied the allegation and stated they had no concerns
5 regarding the administration of their medications. Based on staff interviews, resident interviews, and
6 record review, the allegation that staff failed to administer medication and apply prescribed ointments to
7 R1 was not corroborated.

8
9 Regarding allegations: Staff left the resident soiled and Staff allowed the resident to be malodorous. It
10 was alleged that staff left the resident soiled and malodorous.

11
12 The Administrator and staff were interviewed and denied the allegation. They stated
13 that adequate staffing and supervision are maintained at all times and that residents
14 are supervised according to their individual needs. Staff reported that R1 required
15 full hands-on assistance with all activities of daily living, including meal setup with
16 guidance and reminders, as well as incontinent care. Administrator and staff stated
17 that R1 and other residents were never left soiled or malodorous. Staff reported that
18 R1's incontinence care was managed every shift and that R1 was checked at least
19 every two hours, and more frequently as needed. Staff further stated that R1 was a
20 wanderer and required frequent safety checks, encouragement to rest, and
21 reminders to drink fluids. Staff indicated they did not observe R1 or other residents
22 to be malodorous. The LPA interviewed eight residents, four of whom required
23 incontinence care. Four residents stated that staff check on them frequently and
24 change them as needed. Interviewed residents stated that they didn't noticed that
25 residents are malodorous. One resident was unable to respond due to cognitive
26 impairment. While LPA walked around to conduct resident interviews, LPA observed
27 sufficient staff on duty assisting residents and did not observe any residents to be
28 malodorous. Based on staff interviews, resident interviews, and LPA observations,
29 the allegation that staff left R1 soiled and malodorous was not corroborated.

Continue 9099C

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LICENSING EVALUATOR NAME: Nune Margaryan

LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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LIC9099 (FAS) - (06/04)

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**COMPLAINT INVESTIGATION REPORT
(Cont)**FACILITY NAME: SILVERADO SENIOR LIVING-SIERRA
VISTA

FACILITY NUMBER: 198603267

VISIT DATE: 01/30/2026

NARRATIVE

1 Regarding allegation: Facility did not provide a refund. It was alleged that the facility failed to issue a
2 refund following R1's move out.

3 The final notice of intent to move R1 was received from R1's responsible party. The Administrator and
4 staff reported that the facility received an email from R1's responsible party on 09/08/25 stating that R1
5 would be moving to another facility, with a discharge date of 09/10/25. The LPA reviewed email
6 correspondence between R1's responsible party and the facility administration, which confirmed that
7 notification of the move was sent on 09/08/25 and that R1 was scheduled to move out on 09/10/25.
8 Facility administration informed the responsible party that the email would be accepted as the required
9 30-day written notice, in accordance with the admission agreement. The LPA reviewed the Admission
10 Agreement, specifically the Termination and Refund Policy, which states: "You may terminate this
11 Agreement at any time, with or without cause, by giving the Administrator of the Community or his/her
12 designee thirty (30) days prior written notice of termination. You need not cite a specific reason for
13 termination." Based on Admission Agreement R1's responsible party should pay the rent until 10/08/25
14 but since R1's belongings move on 09/10/25, facility Administration waived charges from 10/01/25 to
15 10/08/25 and refund was issued. The LPA requested and reviewed the monthly invoice for R1 and
16 observed that R1 paid the full rent amount for September 2025 and on the invoice indicated that a
17 refund for 20 days in the month of September was issued to the responsible party. The LPA obtained a
18 copies of invoice and the Check #6128 in the amount of \$9,686.67. Check was cashed. Based on
19 record review and documentation obtained, the facility issued a refund in accordance with the Admission
20 Agreement. The allegation that the facility failed to provide a refund was not corroborated.
21
22 Although the allegations may have happened or are valid, there is not a preponderance of evidence to
23 prove the alleged violations did or did not occur, therefore the allegations are unsubstantiated.
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25 Exit interview conducted and a report was provided to Selene Rangel-Gutierrez
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LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/30/2026

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