

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603710

Report Date: 02/13/2026

Date Signed: 02/13/2026 03:09:12 PM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/05/2026** and conducted by Evaluator Kimberly Ramirez

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20260105100606
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FACILITY NAME: BAYSHIRE SAN DIMAS	FACILITY NUMBER: 198603710
ADMINISTRATOR: COLEMAN, CHAD	FACILITY TYPE: 741
ADDRESS: 1740 S SAN DIMAS	TELEPHONE: (909) 394-0304
CITY: SAN DIMAS	ZIP CODE: 91773
CAPACITY: 119	DATE: 02/13/2026
MET WITH: LVN- Stephanie Guerreo	UNANNOUNCED TIME BEGAN: 02:29 PM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Unqualified staff member is providing care to residents in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Ramirez conducted an unannounced subsequent complaint
2	visit on 02/17/2026, to deliver a superseded report regarding the above allegation to provide additional
3	and clarifying information not included on report dated 02/07/2026. The finding will remain the same. LPA
4	Ramirez conducted an unannounced subsequent complaint visit on 02/07/2026, regarding the above
5	allegation to deliver findings. On 01/08/2026, LPA Ramirez conducted an unannounced initial complaint
6	investigation visit and a need further investigation was documented. During today's visit, LPA Ramirez
7	was greeted by LVN- Stephanie Guerreo and explained the purpose of the visit
8	
9	The investigation consisted of the following: LPA Ramirez requested and obtained copies of Staff Roster,
10	Resident Roster, copy of MedTech and licensed vocational nurse job descriptions/duties, copy of staff#1
11	(S1) and physical plant tour. LPA Ramirez conducted the following interviews: Staff#1 - 5 interviews (S1 –
12	S5) and Resident#1-4 Interviews (R1- R4).
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Kimberly Ramirez
LICENSING EVALUATOR SIGNATURE:

DATE: 02/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/13/2026

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-20260105100606

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: BAYSHIRE SAN DIMAS

FACILITY NUMBER: 198603710

VISIT DATE: 02/13/2026

NARRATIVE

1 The investigation revealed the following: regarding the allegation “**Unqualified staff member is**
2 **providing care to residents in care.**” It is alleged an unqualified staff member is providing wound care
3 to residents. Five (5) out of the five (5) staff interviewed denied this allegation. Four (4) out of the four (4)
4 residents interviewed did not corroborate this allegation. Review of staff rosters revealed that two staff
5 members have the same first name but hold different titles. Records reviewed revealed that S1 is a
6 Licensed Vocational Nurse and S5 is a Medication Technician. Resident interviews revealed that
7 residents feel well cared for by staff and feel staff meet their care needs. Staff interviews revealed that
8 S1 holds a current Licensed Vocational Nurse (LVN) license with an expiration 12/2027 and S5 has
9 received training on medication administration and other topics associated to their position. Interview
10 with S2 revealed that S1 is qualified to provide wound care. During record review, LPA Ramirez
11 observed S1’s valid Licensed Vocational Nurse license and S5’s recent Medication Technician training.
12 Review of R1-R4 resident files revealed that they receive wound care from an outside agency and these
13 outside agencies document the care provided. Although the allegation may have happened or is valid,
14 there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the
15 allegation is **UNSUBSTANTIATED**.

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17 No deficiencies were cited during this visit. Exit interview was conducted. A copy of this report was
18 provided.
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SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Kimberly Ramirez
LICENSING EVALUATOR SIGNATURE:

DATE: 02/13/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/13/2026

LIC9099 (FAS) - (06/04)

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