

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331800055
Report Date: 12/17/2025
Date Signed: 12/17/2025 03:42:58 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/24/2025** and conducted by Evaluator Seo Jeon

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20250624100701
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FACILITY NAME: COTTAGES AT HEMET	FACILITY NUMBER: 331800055
ADMINISTRATOR: BOTTINELLI, SHEILA	FACILITY TYPE: 740
ADDRESS: 1177 S PALM AVE	TELEPHONE: (951) 923-2844
CITY: HEMET	ZIP CODE: 92543
CAPACITY: 110	DATE: 12/17/2025
MET WITH: Barbara Bogoje, Administrator	UNANNOUNCED TIME BEGAN: 03:10 PM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Facility does not provide clean equipment for resident.
2	Facility does not have sufficient staffing.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Seo Jeon conducted an unannounced visit to the facility to deliver findings of the above allegations. LPA met with Barbara Bogoje, Administrator. The Department's investigation involved interviews with staff and residents and review of records.
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5	On June 24, 2025, Community Care Licensing (The Department) received a complaint report with the following allegations.
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8	It was alleged that facility does not provide clean equipment for resident. Information received indicated that shower chair in shower room was dirty. LPA conducted interviews with eight (8) staff members, all of whom stated that shower chair has been cleaned after every shower was provided by caregivers. Those eight (8) staff members also stated that shower chairs are cleaned by housekeepers as well as night shift caregivers.
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13	Continued on LIC9099-C....

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Rikeshia Stamps
LICENSING EVALUATOR NAME: Seo Jeon
LICENSING EVALUATOR SIGNATURE: _____
DATE: 12/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 12/17/2025

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 2
Control Number 18-AS-20250624100701

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: COTTAGES AT HEMET **FACILITY NUMBER:** 331800055
VISIT DATE: 12/17/2025

NARRATIVE

1 LPA conducted interviews with seven (7) residents, all of whom stated that the shower chairs have been
2 clean all the time. LPA conducted an interview with an outside agency personnel member who stated
3 that the facility has always appeared to be clean whenever they visited the facility for their patients.
4 LPA's observations of the facility corroborated the statements from the staff members, residents and the
5 outside agency personnel. LPA conducted a tour of the facility and observed the shower room and the
6 shower chairs to be in clean condition. Based on interviews conducted and observations, the allegation
7 that facility does not provide clean equipment for resident is **unsubstantiated**.
8
9 It was alleged that facility does not have sufficient staffing. Information received indicated that all
10 cottages of the facility are short staffed. LPA conducted an interview with memory care director who
11 stated that they have not experienced short staffing. The memory care director explained that there are
12 3 caregivers for 2 memory care units, one (1) medication technician for two (2) memory care units, one
13 (1) caregiver for each assisted living unit, and one (1) medication technician for four (4) assisted living
14 units. LPA's interview with other seven (7) staff members corroborated the memory care director's
15 statement. LPA conducted interviews with seven (7) residents, all of whom stated that they have not
16 experienced staff shortages. LPA's review of staff schedules corroborated the statements from the
17 memory care director and the staff members interviewed. LPA conducted a tour of the facility, observed,
18 and verified that those stated number of staff members were on duty. Based on interviews conducted,
19 observation, and record reviews, the allegation that facility does not have sufficient staffing is
20 **unsubstantiated**.
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22 A finding that the complaint is **UNSUBSTANTIATED** means the allegation may have happened or is
23 valid, but there is not a preponderance of the evidence to prove that the alleged violation occurred.
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28 An exit interview was conducted where a copy of this report was provided.
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SUPERVISORS NAME: Rikeshia Stamps
LICENSING EVALUATOR NAME: Seo Jeon
LICENSING EVALUATOR SIGNATURE: _____
DATE: 12/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 12/17/2025