

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 331800073  
Report Date: 09/18/2025  
Date Signed: 09/18/2025 03:47:17 PM

**Unfounded**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/17/2024** and conducted by Evaluator Javina George

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 18-AS-20240117100409</b>
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<b>FACILITY NAME:</b> VINEYARD PLACE	<b>FACILITY NUMBER:</b> 331800073
<b>ADMINISTRATOR:</b> ARLENE CRAWFORD	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 24325 WASHINGTON AVE	<b>TELEPHONE:</b> (951) 387-8410
<b>CITY:</b> MURRIETA	<b>STATE:</b> CA
<b>CAPACITY:</b> 82	<b>ZIP CODE:</b> 92562
	<b>CENSUS:</b> 56
	<b>DATE:</b> 09/18/2025
<b>MET WITH:</b> Angela Jackson, Community Relations director	<b>UNANNOUNCED TIME BEGAN:</b> 03:07 PM
	<b>TIME COMPLETED:</b> 04:00 PM

**ALLEGATION(S):**

1	Staff neglect resulted in a resident sustaining a pressure injury.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Javina George conducted a subsequent complaint visit to deliver final
2	findings for the above allegation. During today's visit, the LPA met with Angela Jackson, Community
3	Relations Director and explained the reason of the visit.
4	
5	On 01/17/2024, the Riverside Adult and Senior Care Regional Office (RO) received a complaint report
6	regarding neglect resulted in a resident sustaining a pressure injury. It was alleged that on 10/12/2023,
7	Resident #1 (R1) was bedridden and observed to have maggots on R1's pressure injury.
8	
9	The Department's investigation revealed on 05/06/2023, R1 was admitted back to the facility from the
10	hospital with a Stage II pressure injury to coccyx and was placed on hospice due to R1's inability to
11	thrive. R1 began receiving wound care treatments and additional services under a hospice agency.
12	Facility staff were directed to reposition R1 every 2 hours and provide incontinent care every 2 hours or
13	more

**Unfounded**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Carolyn Tuba  
**NAME OF LICENSING PROGRAM ANALYST:** Javina George  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/18/2025

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** 18-AS-20240117100409

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 (Cont)

**FACILITY NAME:** VINEYARD PLACE

**FACILITY NUMBER:** 331800073

**VISIT DATE:** 09/18/2025

### NARRATIVE

1 frequently if needed. The police department was contacted to request records; however, no reports were  
2 found involving R1 or the facility. There were no documents or photos submitted with the complaint and  
3 the Department was unable to obtain any additional information regarding the allegation.  
4  
5 The information obtained during the course of the investigation from the hospice agency revealed the  
6 hospice and wound care nurses denied the allegation to be true. They indicated that there was no  
7 indication of maggots on R1's pressure injury or body. Additionally, the wound care and progress notes  
8 were obtained. The progress notes, specifically on the date of the allegation, 10/12/2023, annotated that  
9 wound care services were rendered, and no unusual skin changes were noted. The facility staff denied  
10 the allegation of neglect/lack of care and never observed any maggots on R1's body. Based on the  
11 Department's investigation, the allegation is deemed Unfounded at this time. A finding of Unfounded  
12 means that the allegation is either false, could not have happened, and/or is without a reasonable basis.  
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14 An exit interview was conducted, where a copy of this report, LIC811-Confidential names list, was  
15 reviewed and provided to Angela Jackson, Community Relations Director.  
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**NAME OF LICENSING PROGRAM MANAGER:** Carolyn Tuba  
**NAME OF LICENSING PROGRAM ANALYST:** Javina George  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/18/2025

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/18/2025

LIC9099 (FAS) - (06/04)

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