

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 331800073  
Report Date: 01/09/2026  
Date Signed: 01/09/2026 11:40:24 AM

## Unsubstantiated

|  |   |
|--|---|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27<br>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 **07/18/2022** and conducted by Evaluator Seo Jeon

|               |   |
|---------------|---|
| <b>PUBLIC</b> | <b>COMPLAINT CONTROL NUMBER: 18-AS-20220718093804</b> |
|---------------|---|

|   |   |
|---|---|
| <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>ZIP CODE:</b> 92562                  |
| <b>CAPACITY:</b> 82   | <b>DATE:</b> 01/09/2026                 |
| <b>MET WITH:</b> Angela Jackson, Community Relations Director | <b>UNANNOUNCED TIME BEGAN:</b> 09:10 AM |
|   | <b>TIME COMPLETED:</b> 12:00 PM         |

### ALLEGATION(S):

|   |   |
|---|---|
| 1 | Staff not abiding by resident's care plan |
| 2 | Staff restricting visitation to residents |
| 3 | Staff over-medicating resident            |
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### INVESTIGATION FINDINGS:

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|----|--|
| 1  | Licensing Program Analysts (LPA) Seo Jeon and Kyle Wellington conducted an unannounced visit to the facility to deliver findings of the above allegations. LPA met Angela Jackson, Community Relations Director. The Department investigation involved interviews with staff and residents and review of records.  |
| 2  |  |
| 3  |  |
| 4  |  |
| 5  | On July 18, 2022, Community Care Licensing (The Department) received a complaint report with the following allegations.  |
| 6  |  |
| 7  |  |
| 8  | It was alleged that staff are not following resident's care plan. Specifically, the concern was that Resident #1 (R1) was not receiving care in accordance with their care plan. LPA's file review revealed that R1 was non-ambulatory who required a Hoyer lift for transferring. LPA conducted an interview with R1 who stated that they had received all the care and assistance from the facility staff. |
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| 10 |  |
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| 12 |  |
| 13 | Continued on LIC9099-C....   |

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|------------------------|--------------------------------------|
| <b>Unsubstantiated</b> | <b>Estimated Days of Completion:</b> |
|------------------------|--------------------------------------|

**SUPERVISORS NAME:** Rikeshia Stamps  
**LICENSING EVALUATOR NAME:** Seo Jeon  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/09/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/09/2026

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 6

**Control Number 18-AS-20220718093804**

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:** 01/09/2026

### NARRATIVE

1 LPA conducted interviews with two (2) residents who had relevant parties visiting at the time. Both  
2 residents and their relevant parties confirmed that staff were providing care consistent with their  
3 individual care plans. LPA conducted interview with eight (8) staff members, all of whom stated that care  
4 plans are being followed for all residents. LPA's attempted interviews with six (6) previous staff members  
5 who had worked at the facility in year 2022 were unsuccessful. The Department's investigation did not  
6 provide enough information to corroborate the allegation that staff are not following resident's care plan.  
7 Based on the file review and interviews conducted, this allegation is **unsubstantiated**.

8  
9 It was alleged staff are restricting visitation to residents. The information received indicated that visiting  
10 hours were enforced and that only two visitors were allowed at a time. During an interview, LPA spoke  
11 with the Administrator, who stated that staff have never denied visitation to any individuals, as long as  
12 visitors completed the required symptom screening questionnaire. This statement was corroborated by  
13 eight (8) staff members interviewed by the LPA, all of whom confirmed that visitation has not been  
14 restricted. LPA's interview with R1 confirmed R1 had visitors without any issues. Additionally, two other  
15 residents and their responsible parties were interviewed, and all affirmed that no one had ever been  
16 denied visitation. The Administrator further confirmed that no visitors had ever been denied access to  
17 R1. LPA's attempted interviews with six (6) previous staff members who had worked in year 2022 were  
18 unsuccessful. The Department's investigation did not provide enough information to corroborate the  
19 allegation that staff are restricting visitation to residents. Based on interviews conducted, this allegation  
20 is **unsubstantiated**.

21  
22 It was alleged staff are over-medicating resident. According to information received, R1 appeared to be  
23 "groggy" each time visits were conducted. A review of records by LPA revealed that R1 was admitted to  
24 the facility in December 2021, began receiving hospice care in June 2022, and passed away in August  
25 2022. LPA reviewed R1's medication administration records but did not find any information to support  
26 the allegation. Interviews conducted with a Licensed Vocational Nurse (LVN) and a medication  
27 technician confirmed that all medications are dispensed strictly according to physicians' prescriptions.  
28 Neither staff member was aware of any incidents involving over-medication. Additionally, the LPA  
29 interviewed eight (8) staff members, all of whom denied witnessing any residents who appeared over-  
30 medicated. LPA's attempted interviews with six (6) previous staff members who had worked in year 2022  
31 were unsuccessful. The Department's investigation did not provide enough information to corroborate  
32 the allegation that staff are over-medicating resident. Based on interviews conducted and records  
review, this allegation is **unsubstantiated**. Continued on LIC9099-C....

**SUPERVISORS NAME:** Rikeshia Stamps  
**LICENSING EVALUATOR NAME:** Seo Jeon  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/09/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/09/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 6

**Control Number 18-AS-20220718093804**

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-

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

27  
RIVERSIDE, CA 92507

**FACILITY NAME:** VINEYARD PLACE

**FACILITY NUMBER:** 331800073

**VISIT DATE:** 01/09/2026

**NARRATIVE**

1 A finding that the complaint is **UNSUBSTANTIATED** means the allegation may have happened or is  
2 valid, but there is not a preponderance of the evidence to prove that the alleged violation occurred.  
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4 An exit interview was conducted where a copy of this report was provided.  
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**SUPERVISORS NAME:** Rikesh Stamps  
**LICENSING EVALUATOR NAME:** Seo Jeon  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 01/09/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 01/09/2026

|  |  |
|--|--|
| <p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>COMPLAINT INVESTIGATION REPORT</b></p> | <p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br/> COMMUNITY CARE LICENSING DIVISION<br/> RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27<br/> RIVERSIDE, CA 92507</p> |
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| <b>MET WITH:</b> Angela Jackson, Community Relations Director | <b>UNANNOUNCED TIME BEGAN:</b> 09:10 AM |
|   | <b>TIME COMPLETED:</b> 12:00 PM         |

**ALLEGATION(S):**

|   |                                 |
|---|---------------------------------|
| 1 | Licensee not reporting incident |
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| 3 |                                 |
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| 7 |                                 |
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**INVESTIGATION FINDINGS:**

|    |   |
|----|---|
| 1  | Licensing Program Analysts (LPA) Seo Jeon and Kyle Wellington conducted an unannounced visit to the           |
| 2  | facility to deliver findings of the above allegation. LPA met with Angela Jackson, Community Relations        |
| 3  | Director. The Department investigation involved interviews with staff and residents and review of records.    |
| 4  |   |
| 5  | On July 18, 2022, Community Care Licensing (The Department) received a complaint report with the              |
| 6  | following allegations.  |
| 7  |   |
| 8  | It was also alleged licensee is not reporting incident. According to information received, R1 fell out of bed |
| 9  | in June 2022, but staff did not report the incident. LPA conducted an interview with the Administrator who    |
| 10 | stated they were not aware of any fall incidents with R1 in June 2022.  |
| 11 |   |
| 12 | Continued on LIC9099-C....  |
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|                      |                                      |
|----------------------|--------------------------------------|
| <b>Substantiated</b> | <b>Estimated Days of Completion:</b> |
|----------------------|--------------------------------------|

|   |                         |
|---|-------------------------|
| <b>SUPERVISORS NAME:</b> Rikeshia Stamps  |                         |
| <b>LICENSING EVALUATOR NAME:</b> Seo Jeon |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>     | <b>DATE:</b> 01/09/2026 |

|  |                         |
|--|-------------------------|
| <b>I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.</b> |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>  | <b>DATE:</b> 01/09/2026 |

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**  
 LIC9099 (FAS) - (06/04) Page: 4 of 6  
**Control Number 18-AS-20220718093804**

|   |  |
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| <b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b> | <b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b>      |
| <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>                  | <b>COMMUNITY CARE LICENSING DIVISION</b>             |
|   | <b>RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27</b> |
|   | <b>RIVERSIDE, CA 92507</b>                           |

**FACILITY NAME:** VINEYARD PLACE **FACILITY NUMBER:** 331800073  
**VISIT DATE:** 01/09/2026

**NARRATIVE**

|    |   |
|----|---|
| 1  | LPA's records review revealed that R1 was admitted to the hospital on June 17, 2022, due to fever and     |
| 2  | shivering, and was discharged on June 26, 2022. However, the LPA's review of facility records revealed    |
| 3  | that the Department did not receive any incident report related to R1's hospitalization in June 2022. The |
| 4  | Department's investigation provided enough information to corroborate the allegation that licensee is not |
| 5  | reporting incident. Based on records review and interviews conducted, this allegation is                  |
| 6  | <b>SUBSTANTIATED.</b>   |
| 7  |   |
| 8  | A finding that the complaint is SUBSTANTIATED means that the allegation is valid because the              |
| 9  | preponderance of the evidence standard has been met. An exit interview was conducted where a copy         |
| 10 | of this report was provided, along with a copy of LIC9099-D, and Appeal Rights were provided.             |
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**SUPERVISORS NAME:** Rikesh Stamps  
**LICENSING EVALUATOR NAME:** Seo Jeon  
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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br><br><b>COMPLAINT INVESTIGATION REPORT<br/>(Cont)</b> | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27<br>RIVERSIDE, CA 92507 |
|--|---|

**FACILITY NAME:** VINEYARD PLACE **FACILITY NUMBER:** 331800073  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 01/09/2026

| Deficiency Type<br>POC Due Date /<br>Section Number          | DEFICIENCIES  | PLAN OF CORRECTIONS(POCs)  |
|--|---|--|
| Type B<br>01/23/2026<br><b>Section Cited</b><br>CCR<br>87211 | 1 87211 Reporting Requirements, (a)<br>2 Each licensee shall furnish to the<br>3 licensing agency..., (B) Any serious<br>4 injury as determined by the attending<br>5 physician and occurring while the<br>6 resident is under facility supervision.<br>7 | 1 Licensee will create comprehensive<br>2 instruction for staff and in-service<br>3 training with med/techs and nurses and<br>4 send proof to CCLD by the due date.<br>5<br>6<br>7 |
|  | 8 Based on records review, the Licensee<br>9 did not report an incident to The<br>10 Department. This posed a potential<br>11 personal rights risk to the residents in<br>12 care.<br>13<br>14  |  |
|  | 1<br>2<br>3<br>4<br>5<br>6<br>7   |  |
|  | 1<br>2<br>3<br>4<br>5<br>6<br>7   |  |

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**SUPERVISORS NAME:** Rikesh Stamps  
**LICENSING EVALUATOR NAME:** Seo Jeon

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/09/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/09/2026