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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331880902
Report Date: 07/21/2026
Date Signed: 07/21/2026 03:14:18 PM

Unfounded

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/02/2026** and conducted by Evaluator Ahliah Sharp

	COMPLAINT CONTROL NUMBER: 18-AS-20260402112716

FACILITY NAME:	BUENA VISTA ASSISTED LIVING			**FACILITY NUMBER:**	331880902
ADMINISTRATOR:	ICAMEN, ROBYN			**FACILITY TYPE:**	740
ADDRESS:	1393 S. BUENA VISTA ST.			**TELEPHONE:**	(951) 658-5160
CITY:	HEMET	**STATE:** CA		**ZIP CODE:**	92543
CAPACITY:	74	**CENSUS:** 48		**DATE:**	07/21/2026
		UNANNOUNCED		**TIME BEGAN:**	11:15 AM
MET WITH:	Robyn Icamen, Executive Director			**TIME COMPLETED:**	03:20 PM

ALLEGATION(S):

1	Staff did not safeguard resident's personal belongings
2	Staff stole resident's personal belongings
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INVESTIGATION FINDINGS:

1	On July 21,2026, Licensing Program Analyst (LPA), Ahliah Sharp, conducted an unannounced visit to the
2	facility to deliver the findings regarding the allegations above. During the investigation, LPA conducted an
3	inspection of the facility, interviewed five staff and 11 residents, and conducted a review of records.
4	
5	On April 2, 2026, Community Care Licensing (CCL) received a complaint alleging that staff did not
6	safeguard resident's personal belongings and that staff stole resident's personal belongings.
7	Information obtained from interview with Administrator indicated that the facility does not have an issue
8	with belongings other than the occasional laundry mishap. Information obtained from interviews with staff
9	stated the same as listed above.
10	
11	Continued on LIC9099C...
12	
13	

Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Ahliah Sharp
LICENSING EVALUATOR SIGNATURE:
DATE: 07/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/21/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 18-AS-20260402112716

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: BUENA VISTA ASSISTED LIVING **FACILITY NUMBER:** 331880902
VISIT DATE: 07/21/2026

NARRATIVE

Continued from LIC9099...

S1 mentioned a Resident falsely accusing S1 and another Staff of taking an item in the past but that Resident was memory care and tends to get confused. S1 mentioned they have a security system and said that it would be easy to check the cameras to prove S1 had not taken Resident's item.
Interview with Residents stated that from time to time, as mentioned above, laundry ends up in the wrong room, but it is quickly rectified. Interview with Additional Witness stated that the missing items noted in the allegations were not missing from the facility, but from a previous facility that Resident was placed at. It was stated that there were no concerns or issues regarding Resident's personal property at this facility.

LPA conducted a review of Resident belongings form and that revealed that the forms were left blank. They are provided for family members to fill out during intake, but according to ED, most simply opt out of filling it out since many residents come with very little. It is noted that they did not fill out the form,the responsible party signs as verification and ED also signs and forms are placed in the respective files.

Based on the information obtained from interviews and record reviews, the allegation that staff did not safeguard Resident's personal belongings and staff stole Resident's belongings are deemed to be **UNFOUNDED**. **Unfounded** means the allegation is false, could not have happened, or is without a reasonable basis. The Department has dismissed the complaint.

An exit interview was conducted and a copy of the report was provided to ED Robyn Icamen

SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Ahliah Sharp
LICENSING EVALUATOR SIGNATURE:
DATE: 07/21/2026

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DATE: 07/21/2026