

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331881550
Report Date: 07/23/2026
Date Signed: 07/23/2026 01:20:33 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 12/16/2024 and conducted by Evaluator Deborah Lee

	COMPLAINT CONTROL NUMBER: 18-AS-20241216145524
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FACILITY NAME:	JOYFUL HEARTS SENIOR CARE	FACILITY NUMBER:	331881550
ADMINISTRATOR:	LAUDATO, CHERMAINE	FACILITY TYPE:	740
ADDRESS:	9268 MARTHA WAY	TELEPHONE:	(951) 840-5648
CITY:	RIVERSIDE	ZIP CODE:	92503
CAPACITY:	6	DATE:	07/23/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	11:01 AM
	CENSUS: 3	TIME	
MET WITH:	CHERMAINE LAUDATO	COMPLETED:	01:30 PM

ALLEGATION(S):

1	Resident is not being taken to their doctor appointments
2	Staff failed to follow eviction procedures
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INVESTIGATION FINDINGS:

1	*This report supersedes the previous report dated (7/2/26) It clarifies the findings, will not change the findings*
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3	On July 2, 2026, the Department of Social Services (DSS) staff conducted an unannounced visit to the
4	facility to continue the investigation and to deliver findings of the above allegations. The department was
5	greeted by Licensee Jordan Alapag and the purpose of the visit was explained. The facility currently has
6	three residents in care.
7	The investigation consisted of the following:
8	On December 19, 2024, the Department conducted an initial unannounced visit to investigate the listed
9	allegations. During that visit, it was determined that further investigation was required.
10	On June July 1, 2026, the Department conducted unannounced visit to continue investigation. During
11	visit, the Department obtained and reviewed the following documents: Staff Roster (dated 9/6/24),
12	Resident Roster (4/30/26), R1's Physician's report (dated 10/27/24), Nursing Notes (dated 11/1/24-
13	12/14/24), Appraisal Needs and Services plan (dated 1027/24), discharge from facility letter signed by R1 (dated 12/15/24), voluntary discharge acknowledgement letter (dated 12/6/24), Staff trainings: Anti-psychotic and psychotropic medication training, Medication Administration, recognizing signs of dementia, Needle and shared safety and disposal, Resident Rights, infectious control and universal

precaution, Elder Abuse and mandated reporting (Dated 10/1/24-7/18/25), R1's MAR (October 2024-November 2024), Centrally Stored Medication log (dated 10/28/24), Vital Signs log (November-December 2024), Hospital discharge page (dated 10/24/24). On July 1, 2026, the department interviewed Administrator (A1). On July 2, 2026, the department interviewed licensee (A2), 1 staff (S1), and 2 Residents (R2-R3).
Page 1 of 4

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Eva M Alvarez

LICENSING EVALUATOR NAME: Deborah Lee

LICENSING EVALUATOR SIGNATURE:

DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/23/2026

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 4

Control Number 18-AS-20241216145524

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-
27
RIVERSIDE, CA 92507

FACILITY NAME: JOYFUL HEARTS SENIOR CARE

FACILITY NUMBER: 331881550

VISIT DATE: 07/23/2026

NARRATIVE

The investigation revealed the following

Allegation: Resident is not being taken to their doctor appointments

The detail of complaint alleges R1 is not being taken to his doctor's appointments

On July 1, 2026, the Department interviewed Administrator (A1) and Licensee (A2), both of whom denied the allegation. They stated that during R1's stay, only one appointment had been scheduled—a telehealth visit—with no follow-up appointments pending. Nursing notes showed that R1 completed a telehealth appointment on December 5, 2024 with doctor Ng. Following the appointment, a nurse informed A1 that a medication order would be sent to Parkview Pharmacy.

A1 attempted to pick up the medication on December 6, 2024, but was told it would not be available until December 28, 2024 due to an unresolved insurance issue. A1 made another attempt on December 9, 2024, but the medication was still not ready. During a final attempt, A1 emphasized to the pharmacy the urgency of the matter, but the insurance issue remained unresolved. No further attempts were made because R1 moved out of the facility on December 15, 2024.

On July 2, 2026, the Department interviewed two residents (R2–R3), both of whom reported that staff treat them well, that they feel adequately cared for, and that they attend all required appointments. R1 could not be interviewed because R1 no longer resides at the facility and no contact information was available. R1 lived at the facility from October 27, 2024 to December 15, 2024.

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Deborah Lee
LICENSING EVALUATOR SIGNATURE:

DATE: 07/23/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/23/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 4

Control Number 18-AS-20241216145524

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-
27
RIVERSIDE, CA 92507

FACILITY NAME: JOYFUL HEARTS SENIOR CARE

FACILITY NUMBER: 331881550

VISIT DATE: 07/23/2026

NARRATIVE

1 According to A1 and record review, R1 arrived with no pending medical
2 appointments, and his discharge documents contained only information
3 regarding R1's medical condition.
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6 Based on the information gathered, there is insufficient evidence to support
7 the allegation mentioned above; Although the allegation may have
8 happened or is valid, there is not a preponderance of evidence to prove the
9 alleged violation did or did not occur, therefore the allegation is
10 UNSUBSTANTIATED.
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Allegation: Staff failed to follow eviction procedures

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17 The detail of complaint alleges "the facility doesn't want R1 there."

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19 On July 1, 2026, the Department interviewed Administrator (A1), who
20 denied the allegation and stated that R1 chose to leave the facility.
21 According to A1, R1 did not want to remain in a care setting.
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25 The Department reviewed a discharge letter from Joyful Hearts Senior
26 Care dated July 15, 2024, stating that R1 required a higher level of care
27 and that R1's departure was voluntary. A1 reported that R1 does not have
28 a Power of Attorney (POA), and no POA documentation was found in R1's
29 file during the review. A1 also indicated that R1 has a sister who recently
30 reconnected with R1 and visited one time at the facility. According to A1,
31 the sister was present during the discharge and R1 left the facility with her.
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On July 2, 2026, the Department interviewed the Licensee (A2) and staff
(S1), both of whom stated that R1 expressed a desire to leave and wanted
to depart the facility.

Page 3 of 4

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Deborah Lee
LICENSING EVALUATOR SIGNATURE:

DATE: 07/23/2026

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FACILITY REPRESENTATIVE SIGNATURE: DATE: 07/23/2026

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COMPLAINT INVESTIGATION REPORT
(Cont)

FACILITY NAME: JOYFUL HEARTS SENIOR CARE FACILITY NUMBER: 331881550
VISIT DATE: 07/23/2026

NARRATIVE	
1	Based on the information gathered, there is insufficient evidence to support the allegation mentioned above; Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is <u>UNSUBSTANTIATED</u> . There were no deficiencies cited during today's visit. Exit interview conducted with Licensee and copy of report provided. Page 4 of 4
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