

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 335530032
Report Date: 09/23/2022
Date Signed: 09/23/2022 12:29:47 PM

Unfounded

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/19/2022** and conducted by Evaluator Rayshaun Nickolas

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| PUBLIC | COMPLAINT CONTROL NUMBER: 56-AS-20220919095930 |
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|--|---|
| FACILITY NAME: VILLA DE ANZA | FACILITY NUMBER: 335530032 |
| ADMINISTRATOR: ESPINAL, KENNY | FACILITY TYPE: 740 |
| ADDRESS: 5881 EL PALOMINO DRIVE | TELEPHONE: (951) 683-3333 |
| CITY: RIVERSIDE | STATE: CA |
| CAPACITY: 197 | ZIP CODE: 92509 |
| | CENSUS: 91 |
| | DATE: 09/23/2022 |
| MET WITH: Katherine Trevino, Executive Director | UNANNOUNCED TIME BEGAN: 08:55 AM |
| | TIME COMPLETED: 12:39 PM |

ALLEGATION(S):

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|---|--|
| 1 | Resident is being financially abused while in care . |
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INVESTIGATION FINDINGS:

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| 1 | Licensing Program Analyst (LPA) Rayshaun Nickolas conducted an unannounced visit to the facility to |
| 2 | investigate the above allegation. LPA met with Executive Director Katherine Trevino and explained the |
| 3 | purpose of the visit. |
| 4 | |
| 5 | The investigation consisted of LPA interviews with staff and reviewed facility file documents pertinent to |
| 6 | the investigation. The allegation alleges that from June 30, 2022- August 17, 2022, resident #1 (R1) was |
| 7 | being financially abused while in care. Based on interviews with staff and reviewed facility file documents |
| 8 | revealed no R1 residing at the facility. |
| 9 | |
| 10 | This agency has investigated the complaint allegations. We have found that the complaint was |
| 11 | unfounded meaning that the allegations were false, could not have happened and/or are without a |
| 12 | reasonable basis. We have therefore dismissed the complaint. |
| 13 | |

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Rayshaun Nickolas
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/23/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/23/2022

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 56-AS-20220919095930

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: VILLA DE ANZA

FACILITY NUMBER: 335530032

VISIT DATE: 09/23/2022

NARRATIVE

1 No deficiencies were cited during this visit. An exit interview was conducted where this report was
2 discussed and provided to the Executive Director.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Rayshaun Nickolas
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/23/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/23/2022

LIC9099 (FAS) - (06/04)

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