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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 335530062
Report Date: 07/10/2026
Date Signed: 07/10/2026 04:13:46 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 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 **03/08/2026** and conducted by Evaluator Mary Rico

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260308204555

FACILITY NAME:	TWIN HEARTS SENIOR CARE II			**FACILITY NUMBER:**	335530062
ADMINISTRATOR:	MANGENTE, KRISTINE			**FACILITY TYPE:**	740
ADDRESS:	342 E OLIVE STREET			**TELEPHONE:**	(951) 373-9122
CITY:	CORONA	**STATE:** CA		**ZIP CODE:**	92879
CAPACITY:	6	**CENSUS:** 5		**DATE:**	07/10/2026
		UNANNOUNCED		**TIME BEGAN:**	02:45 PM
MET WITH:	Staff- Melati Wulansari			**TIME COMPLETED:**	04:30 PM

ALLEGATION(S):

1	Staff failed to properly care for the resident’s pressure injuries, resulting in worsening conditions.
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INVESTIGATION FINDINGS:

1	On 7/10/2026, Licensing Program Analyst (LPA) Mary Rico conducted an unannounced visit to deliver
2	findings on the allegation listed above. LPA met with staff Melati Wulansari and explained the purpose of
3	the visit. The investigation consisted of staff interviews, hospice interviews and record reviews. The
4	Licensee Kristine A. Mangente was contacted and informed about today’s visit.
5	
6	For the allegation,Staff failed to properly care for the resident’s pressure injuries, resulting in worsening
7	conditions. During staff interviews, 2 out of 2 staff stated that proper care was provided to R1. It was
8	revealed that R1 was on hospice and was receiving treatment for pressure injuries. In addition, the
9	Registered Nurse confirmed they visited R1 and provided treatment for the pressure injuries and also
10	confirmed that the injuries were not worsening. Nurse also confirmed that the pressure injuires were
11	stage one and early-stages. Evidence shows that R1 was receiving treatment for pressure sores from
12	Hospice.
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:
DATE: 07/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/10/2026

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

Control Number 56-AS-20260308204555

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

FACILITY NAME: TWIN HEARTS SENIOR CARE II **FACILITY NUMBER:** 335530062
VISIT DATE: 07/10/2026

NARRATIVE

Based on the evidence obtained during the investigation, the allegation listed above is deemed UNSUBSTANTIATED**.** A finding of UNSUBSTANTIATED means that although the allegation may have happened or may be valid, there is not a preponderance of evidence to prove that the alleged violation did or did not occur. During today's visit, no deficiencies were cited per Title 22, Division 6, of the California Code of Regulations. An exit interview was conducted, and this report (LIC9099) was discussed with and provided to staff Melati Wulansari.

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:
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