

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 335530171
Report Date: 03/26/2026
Date Signed: 03/26/2026 05:05:23 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO 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 **08/11/2025** and conducted by Evaluator Becky Mann

	COMPLAINT CONTROL NUMBER: 56-AS-20250811092601
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FACILITY NAME: WILDOMAR SENIOR ASSISTED LIVING	FACILITY NUMBER: 335530171
ADMINISTRATOR: KAREN ROPER	FACILITY TYPE: 740
ADDRESS: 32365 SOUTH PASADENA ST	TELEPHONE: (323) 902-6000
CITY: WILDOMAR	ZIP CODE: 92595
CAPACITY: 200	DATE: 03/26/2026
MET WITH: Karen Roper, Executive Director	UNANNOUNCED TIME BEGAN: 03:00 PM
	TIME COMPLETED: 05:15 PM

ALLEGATION(S):

1	Staff are mismanaging resident's medications
2	Staff do not ensure resident's hygiene needs are being met
3	Staff does not answer resident's call button in a timely manner
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Becky Mann conducted an unannounced visit to the facility to initiate a complaint investigation. LPA met with Karen Roper, Executive Director and explained the purpose of the visit. The investigation consisted of LPA pertinent record reviews, observations and interviews with staff and residents.
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6	The allegation that Staff are mismanaging resident's medications. LPA randomly review three (3) residents medications, the medications are being administered as prescribed. The Medtechs do take the parameters for the residents blood pressure before administering medications to the residents. They use a medication management system called August Health that records when medication is being administered to residents. August Health also records the parameters for the residents. LPA observed the blood pressure logs for those residents who are required to have their parameters done before administering their medications.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Nedra Brown
LICENSING EVALUATOR NAME: Becky Mann
LICENSING EVALUATOR SIGNATURE:

DATE: 03/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/26/2026

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-20250811092601

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: WILDOMAR SENIOR ASSISTED LIVING

FACILITY NUMBER: 335530171

VISIT DATE: 03/26/2026

NARRATIVE

- 1 The allegation that Staff do not ensure resident's hygiene needs are being met. LPA interviewed five (5)
- 2 residents and they stated that their scheduled shower schedule is good and there are no issues. LPA
- 3 interviewed three (3) caregivers, they stated that they do follow the shower schedule for the residents
- 4 and have not missed a shower schedule for the residents.
- 5
- 6 The allegation that Staff does not answer resident's call button in a timely manner. LPA interviewed
- 7 seven (7) residents, they stated that staff does answer their call buttons and assist in a timely manner.
- 8 LPA interviewed three (3) staff, they stated that they do answer the residents call buttons in a timely
- 9 manner. LPA randomly tested three (3) residents call button and it took staff between 3 to 7 minutes to
- 10 assist the residents.
- 11
- 12 Based on evidence obtained during this investigation, the allegations above are Unsubstantiated;
- 13 meaning that although the allegation may have happened or is valid, there is not a preponderance of
- 14 evidence to prove the alleged violation did or did not occur.
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- 16 An exit interview was conducted where this report was discussed and a copy of this report was provided
- 17 to Karen Roper, Executive Director at the conclusion of the visit.
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SUPERVISORS NAME: Nedra Brown
LICENSING EVALUATOR NAME: Becky Mann
LICENSING EVALUATOR SIGNATURE:

DATE: 03/26/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/26/2026