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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 335530171
Report Date: 08/11/2026
Date Signed: 08/11/2026 12:46:12 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 **06/10/2026** and conducted by Evaluator Mary Rico

PUBLIC	**COMPLAINT CONTROL NUMBER:** 56-AS-20260610125423

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	**STATE:** CA		**ZIP CODE:**	92595
CAPACITY:	200	**CENSUS:** 124		**DATE:**	08/11/2026
		UNANNOUNCED		**TIME BEGAN:**	09:45 AM
MET WITH:	Administrator Melissa Polendo and Regional Director Keyna Calton			**TIME COMPLETED:**	01:15 PM

ALLEGATION(S):

1	Staff do not allow resident to have access to personal property.
2	Staff uses emergency services on resident as form of punishment.
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 8/4/2026, Licensing Program Analyst (LPA) Mary Rico conducted an unannounced visit to investigate
2	and deliver findings on the allegations listed above. LPA met with Administrator Melissa Polendo and
3	Regional Director Keyna Calton explained the purpose of the visit. The investigation consisted of staff
4	interviews, resident interviews, and record reviews.
5	
6	For the allegation, Staff do not allow resident to have access to personal property. During staff interviews
7	six out of the six staff stated that residents have access to their personal property. During residents'
8	interviews, six out of the six residents stated that they have access to their personal property.
9	
10	For the allegation, Staff uses emergency services on resident as form of punishment. During staff
11	interviews six out of the six staff stated that the facility does not use emergency services on residents as
12	form of punishment. During resident interviews, six out of the six residents stated that the staff do not use
13	emergency services as a form of punishment.

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026

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

Control Number 56-AS-20260610125423

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: WILDOMAR SENIOR ASSISTED LIVING **FACILITY NUMBER:** 335530171
VISIT DATE: 08/11/2026

NARRATIVE

Based on the evidence found during the investigation, the two (2) allegations listed above is deemed UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED means although the allegation may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations 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 and provided to Administrator Melissa Polendo and Regional Director Keyna Calton.

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026