

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 335530240
Report Date: 04/29/2026
Date Signed: 04/29/2026 05:16:43 PM

Substantiated

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 04/22/2026 and conducted by Evaluator Andrew Martinez

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260422110040
FACILITY NAME: ANGEL'S HAVEN CARE ASSISTED LIVING ELSINORE LLC	FACILITY NUMBER: 335530240
ADMINISTRATOR: MAZARIEGOS, JOHNNY	FACILITY TYPE: 740
ADDRESS: 36785 BRAKEN WAY	TELEPHONE: (951) 452-1216
CITY: LAKE ELSINORE	ZIP CODE: 92532
CAPACITY: 6	DATE: 04/29/2026
	UNANNOUNCED TIME BEGAN: 02:20 PM
MET WITH: Caregiver, Guilbert Oteyza	TIME COMPLETED: 05:25 PM

ALLEGATION(S):

1	Staff lock residents inside the facility.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Andrew Martinez made an unannounced visit to the facility to
2	initiate a complaint investigation and deliver findings for the above allegation. LPA met with Caregiver,
3	Gilbert Oteyza, and explained the purpose for today's visit. The investigation consisted of observations,
4	record reviews, and interviews with pertinent parties.
5	Regarding the allegation - Staff lock residents inside the facility: During facility tour, LPA observed a child-
6	proof door lever latch lock located on the inside of the entryway (front) door. LPA interviewed two (2) staff
7	caregivers (S1, S2), both of whom stated the lever latch lock was installed to safeguard Resident 1 (R1)
8	from eloping again as they like to open doors and have prior elopement history. LPA observed the front
9	door is equipped with a signal system to notify staff when door has been opened.
10	Based on today's investigation, the above allegation is SUBSTANTIATED. A SUBSTANTIATED finding is
11	defined as a violation has occurred based on the preponderance of available evidence. An exit interview
12	was conducted where this report LIC9099, LIC9099D and Appeal Rights were discussed and a copy
13	provided to Caregiver, Gilbert Oteyza.

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Karen Clemons

LICENSING EVALUATOR NAME: Andrew Martinez

LICENSING EVALUATOR SIGNATURE:

DATE: 04/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/29/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04)

Control Number 56-AS-20260422110040

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT
(Cont)

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

FACILITY NAME: ANGEL'S HAVEN CARE ASSISTED LIVING
ELSINORE LLC

FACILITY NUMBER: 335530240

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/29/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 04/30/2026 Section Cited CCR 87705(e)(4)	1 2 3 4 5 6 7	(e) Licensees that use delayed egress devices on exterior doors... shall meet the following... requirements: (4) Residents who... indicate a desire to leave the facility following redirection shall be permitted... with staff supervision. The facility did not meet this requirement as evidenced by:	1 2 3 4 5 6 7	Licensee shall remove the child-proof door lever latch lock from the inside of the front door within 24 hours. Licensee shall submit photographic proof of the removal of latch lock, review the stated regulation, and submit a statement of understanding of regulation reviewed to LPA via email by POC due date.
	8 9 10 11 12 13 14	Based on observation, interview, and record review, the licensee did not comply with the section cited above by installing a child-proof door lever latch lock on the entryway (front) door making it inaccessible to residents in care wich poses an immediate health, safety or personal rights risks to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Karen Clemons

LICENSING EVALUATOR NAME: Andrew Martinez

LICENSING EVALUATOR SIGNATURE:

DATE: 04/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/29/2026

