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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 335530266
Report Date: 07/21/2026
Date Signed: 07/21/2026 12:44:48 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 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 **12/15/2025** and conducted by Evaluator Sarina Ramirez

	COMPLAINT CONTROL NUMBER: 56-AS-20251215090102

FACILITY NAME:	LAKES, THE			**FACILITY NUMBER:**	335530266
ADMINISTRATOR:	MATSUSHITA, LORI			**FACILITY TYPE:**	740
ADDRESS:	5801 SUN LAKES BLVD			**TELEPHONE:**	(915) 845-2220
CITY:	BANNING	**STATE:** CA		**ZIP CODE:**	92220
CAPACITY:	276	**CENSUS:** 153		**DATE:**	07/21/2026
		UNANNOUNCED		**TIME BEGAN:**	10:10 AM
MET WITH:	Executive Director Cristina Ceballos			**TIME COMPLETED:**	12:50 PM

ALLEGATION(S):

1	Lack of staff supervision resulted in resident sustaining injury.
2	Staff did not seek medical attention for the resident in a timely manner.
3	Staff did not ensure that hazards were inaccessible to resident.
4	Facility call light are in disrepair.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sarina Ramirez conducted an unannounced visit to the facility to
2	deliver findings on the above allegations. LPA met with Executive Director Cristina Ceballos, and
3	discussed the purpose of the visit.
4	
5	Regarding Allegation #1, LPA conducted interviews with five (5) residents. Two (2) residents state there's
6	enough staff and supervision. Two (2) residents have stated they don't know if there's enough staff and
7	supervision while one (1) stated there is not enough staff and supervision. Four (4) of the five (5)
8	residents stated they have not seen any injuries while one (1) resident could not answer LPAs question.
9	
10	LPA conducted interviews with three (3) staff, all whom state they are supervising residents; however
11	Two (2) have stated incidents may happen the second their backs are turned rather than lack of
12	supervision
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Sarina Ramirez
LICENSING EVALUATOR SIGNATURE:
DATE: 07/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/21/2026

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

Control Number 56-AS-20251215090102

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: LAKES, THE **FACILITY NUMBER:** 335530266
VISIT DATE: 07/21/2026

NARRATIVE

Regarding allegation #2, LPA conducted interviews with five (5) residents, three (3) residents have stated medical attention is given timely, one (1) did not know and the other could not answer the question.

LPA conducted interviews with three (3) staff all whom state medical attention is absolutely given to residents in a timely manner. LPA also conducted an interview with Executive Director stating that Resident 1 (R1) had just fallen out of their bed, 10 mins later R1 had fallen again. Medication Technicians were assessing R1 before calling 911, while R1 was being assessed Ombudsman walked in. Ombudsman then interrupted staff from attending to R1 and accused them of not assisting R1. 911 was called and Ombudsman continued to intervene while EMT attended to R1.

Regarding allegation #3, Interviews with five (5) residents, three (3) residents have stated staff ensure hazards are inaccessible. Two (2) residents could not answer the question

LPA also conducted interviews with four(4) staff. All whom state they ensure hazards are inaccessible, one (1) stated that the residents have placed furniture in front of doors; staff constantly place them back where they belong. Another stating the maintenance director does daily walk through's ensuring there are no hazards or passageways being disrupted.

Regarding allegation #4, LPA conducted interviews with five (5) residents, one (1) resident states their call button works, three (3) residents have stated they don't know if their call button works because they have not used it. one (1) resident could not answer the question. LPA tested a call light button in room #201 taking staff two (2) minutes to respond.

LPA conducted interviews with three (3) staff, all whom state the call buttons are working properly, with one stating the maintenance director does daily walk throughs ensuring all outlets are in good repair.

Based on LPA's observations, staff and resident interviews, and relevant documentation, the allegations are determined to be **Unsubstantiated**. An Unsubstantiated finding means that although the allegation may be valid or could have occurred, there is insufficient evidence to support that the alleged violation did or did not happen.

An exit interview was conducted with Executive Director Cristina Ceballos, and a copy of this report was provided at the conclusion of the visit.

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Sarina Ramirez
LICENSING EVALUATOR SIGNATURE:
DATE: 07/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/21/2026