

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 335530266
Report Date: 08/21/2025
Date Signed: 08/21/2025 03:18:20 PM

Unsubstantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/19/2025** and conducted by Evaluator Magda Malcore

	COMPLAINT CONTROL NUMBER: 56-AS-20250819121905
--	---

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: 132 DATE: 08/21/2025
MET WITH: Cristina Ceballos	UNANNOUNCED TIME BEGAN: 12:40 PM
	TIME COMPLETED: 02:30 PM

ALLEGATION(S):

1	Staff did not keep facility free of insects
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Magda Malcore and Licensing Program Manager (LPM) Karen
2	Clemons conducted an unannounced complaint visit to the facility. LPA and LPM met with Executive
3	Director, Cristina Ceballos, and discussed the purpose of the visit. The investigation consisted of
4	observations and interviews with pertinent parties.
5	
6	Regarding the allegation, staff did not keep facility free of insects, LPA & LPM did not observe flies
7	around dining areas and food. Interviews with four (4) staff and six (6) residents reveals there are no
8	concerns with flies in the dining areas.
9	
10	Based on the Department's investigation, the allegation above is Unsubstantiated; meaning that although
11	the allegation may have happened or is valid, there is not a preponderance of evidence to prove the
12	alleged violation did or did not occur.
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Magda Malcore
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/21/2025

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

LIC9099 (FAS) - (06/04)

Page: 1 of 2

Control Number 56-AS-20250819121905

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: LAKES, THE

FACILITY NUMBER: 335530266

VISIT DATE: 08/21/2025

NARRATIVE

1 An exit interview was conducted where this report was discussed and a copy provided to Executive
2 Director Ceballos at the conclusion of the visit.
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Magda Malcore
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/21/2025