

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 335530353
Report Date: 03/19/2026
Date Signed: 03/19/2026 12:08:03 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 **03/17/2026** and conducted by Evaluator Hannah Rodgers

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260317103216
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FACILITY NAME: VISTA CORONA SENIOR LIVING	FACILITY NUMBER: 335530353
ADMINISTRATOR: GUTIERREZ, ANDREA	FACILITY TYPE: 740
ADDRESS: 737 MAGNOLIA AVE	TELEPHONE: (951) 737-1600
CITY: CORONA	ZIP CODE: 92879
CAPACITY: 180	DATE: 03/19/2026
MET WITH: Executive Director Andrea Gutierrez	UNANNOUNCED TIME BEGAN: 09:15 AM
	TIME COMPLETED: 12:15 PM

ALLEGATION(S):

1	Staff did not ensure resident received timely medical care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Hannah Rodgers conducted an unannounced visit to initiate and deliver findings regarding the above complaint allegation. LPA introduced herself and disclosed the purpose of the visit to Executive Director Andrea Guterrez.
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5	On March 17, 2026, it was alleged that staff did not ensure resident received timely medical care.
6	According to the allegation received, on February 14, 2026, Resident #1 (R1) choked on their food in the dining room and another resident immediately came to the aid of R1 while staff did not.
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9	The Department's investigation consisted of an unannounced facility visit, records review, and staff, resident, and outside source interviews.
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11	
12	[CONTINUED ON LIC9099-C]
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Hannah Rodgers
LICENSING EVALUATOR SIGNATURE:

DATE: 03/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2026

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-20260317103216

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: VISTA CORONA SENIOR LIVING

FACILITY NUMBER: 335530353

VISIT DATE: 03/19/2026

NARRATIVE

1 Review of the facility's employee schedule and interviews revealed that Staff #1 (S1) was present during
2 the choking episode of R1. Review of S1's personnel record revealed that S1 had an active
3 Cardiopulmonary Resuscitation (CPR) certificate. Interviews with staff and residents did not reveal that
4 another resident came to the aid of R1 but rather it was S1 that immediately came to the aid of R1.
5
6 Based on interviews and record review, the investigation did not yield a preponderance of evidence to
7 conclude that staff did not ensure resident received timely medical care. Based on the foregoing, the
8 allegation is unsubstantiated. This finding means that although the allegation may have happened or
9 may be valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.
10 An exit interview was conducted with Executive Director Gutierrez, to whom a copy of this report and the
11 Licensee/Appeal Rights (LIC9058 03/22) were provided.
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SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Hannah Rodgers
LICENSING EVALUATOR SIGNATURE:

DATE: 03/19/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2026

LIC9099 (FAS) - (06/04)

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