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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 335530353
Report Date: 05/27/2026
Date Signed: 08/03/2026 02:45:17 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 **04/29/2026** and conducted by Evaluator Andrew Martinez

	COMPLAINT CONTROL NUMBER: 56-AS-20260429145636

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	**STATE:** CA		**ZIP CODE:**	92879
CAPACITY:	180	**CENSUS:** 112		**DATE:**	05/27/2026
		UNANNOUNCED		**TIME BEGAN:**	09:45 AM
MET WITH:	Executive Director, Andrea Perez			**TIME COMPLETED:**	06:45 PM

ALLEGATION(S):

1	Licensee does not ensure staff have required training.
2	Staff are not following proper food sanitation practices.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Andrew Martinez made an unannounced visit to the facility for the
2	purpose of completing an investigation into the above complaint allegations. LPA met with Executive
3	Director, Andrea Perez, and explained the reason for the visit. Today's visit consisted of observation, staff
4	and resident interviews, records review and obtaining pertinent documents relating to the investigation.
5	
6	For the allegation: Licensee does not ensure staff have required training. Based on record review, LPA
7	observed all kitchen staff (e.g. Food Services Director, Interim Dietary Services Director, Cooks, Kitchen
8	Aides, Servers, Dishwashers) to have sufficient training and sufficient food service personnel scheduled
9	per the facility's LIC 500. Based on observation and record review, this allegation is
10	UNSUBSTANTIATED.
11	
12	*** Continued on LIC 9099-C ***
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Andrew Martinez
LICENSING EVALUATOR SIGNATURE:
DATE: 05/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/27/2026

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

Control Number 56-AS-20260429145636

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: VISTA CORONA SENIOR LIVING **FACILITY NUMBER:** 335530353
VISIT DATE: 05/27/2026

NARRATIVE

For the allegation: Staff are not following proper food sanitation practices. Based on record review, LPA observed temperature logs of foods being prepared, maintained daily per each mealtime service. LPA observed the proper dishwashing liquids and temperature logs for the dish washing machine were completed and maintained. LPA also observed the Sani-Pail (sanitizer liquid) test logs completed and maintained on a daily basis to ensure proper sanitation practices are being followed. LPA reviewed the refrigerator and freezer temperature logs, as well as physically inspected the thermometers to ensure the cold-food storage areas were maintained at proper temperature per regulation. Based on interview with S2, specific and/or special dietary needs are communicated to and posted in the kitchen for food service staff visibility to ensure resident's dietary needs and restrictions are met. S2 stated Diet Extension sheets explaining how items are to be prepared based on a resident's dietary restrictions and needs are also available kept in the kitchen for food service staff. LPA did not observe or witness and unsanitary practices during visit. Based on interviews, observations, and record reviews, this allegation is UNSUBSTANTIATED.

Based on the evidence, the allegations mentioned above are UNSUBSTANTIATED. A finding that the complaint is UNSUBSTANTIATED means although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation(s) did or did not occur.

An exit interview was conducted where this Complaint Investigation Report (LIC 9099 and LIC 9099-C) was discussed with and copies provided to Executive Director, Andrea Perez.

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Andrew Martinez
LICENSING EVALUATOR SIGNATURE:
DATE: 05/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/27/2026