

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336400587

Report Date: 01/28/2026

Date Signed: 01/28/2026 01:28:12 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE 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 **07/28/2025** and conducted by Evaluator Yolanda Delgado

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20250728091259
---------------	---

FACILITY NAME: GALLERIA VIEW VILLA II, THE	FACILITY NUMBER: 336400587
ADMINISTRATOR: MICLEA, DANIELA	FACILITY TYPE: 740
ADDRESS: 10241 CALIFORNIA AVE	TELEPHONE: (951) 785-9960
CITY: RIVERSIDE	ZIP CODE: 92503
CAPACITY: 6	DATE: 01/28/2026
MET WITH: Daniela Miclea, Licensee	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 01:40 PM

ALLEGATION(S):

1	Staff did not ensure residents have privacy
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst, (LPA) Yolanda Delgado arrived unannounced at the facility to conclude an
2	investigation pertaining to the allegation listed above. LPA met with Daniela Miclea and explained the
3	purpose of the visit.
4	
5	On July 28, 2025, Community Care Licensing received a complaint alleging staff did not ensure residents
6	have privacy. It was alleged staff are stating visitors are not allowed to visit residents without being
7	cleared, thus impeding access to the residents at the facility. An interview with a relevant party revealed
8	they were not allowed privacy during their visits that occurred on 06/13/2025 and 06/24/2025 with any of
9	the 4 residents.
10	An interview with the licensee Daniela Miclea, revealed the licensee admitted that they did not allow this
11	relevant party privacy. The licensee admitted that the relevant party was not left alone with the residents
12	nor did the licensee allow the door to be closed when the relevant party was visiting with residents.
13	(Continued on Page 2)

Substantiated	Estimated Days of Completion:
----------------------	--------------------------------------

SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Yolanda Delgado
LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2026

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 3

Control Number 18-AS-20250728091259

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: GALLERIA VIEW VILLA II, THE

FACILITY NUMBER: 336400587

VISIT DATE: 01/28/2026

NARRATIVE

1 (Continued from Page 1)

2

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

The licensee reported that they did not allow private visits with individuals that don't have a background clearance. The licensee was made aware by the relevant party, during the visit, that they were a member of an organization that allowed for privacy.

Based on the interviews, the allegation is substantiated. The facility will be cited for Title 22, Division 6, Chapter 8, Article 08, Section 87468.2 (a)(1).

An exit interview was conducted with Daniela Miclea and a copy of this report, 809D, Appeal Rights was provided.

SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Yolanda Delgado
LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 18-AS-20250728091259

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-

**COMPLAINT INVESTIGATION REPORT
(Cont)**

27
RIVERSIDE, CA 92507

FACILITY NAME: GALLERIA VIEW VILLA II, THE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 336400587
VISIT DATE: 01/28/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/04/2026 Section Cited CCR 87468.2(a)(1)	1 Additional Personal Rights of Residents 2 in Privately Operated Facilities: (a) In 3 addition to the rights listed in Section 4 87468.1, Personal Rights of Residents 5 in All Facilities, residents in privately 6 operated residential care facilities for 7 the elderly shall have all of the following 8 personal rights:	1 Licensee will ensure resident's have 2 privacy at all times during visits with 3 visitors that includes organizations and 4 will not impede visits. Licensee will 5 review the regulation and email to LPA 6 a self certifying statement by POC due 7 date.
	8 (1) To have a reasonable level of 9 personal privacy in accommodations, 10 medical treatment, personal care and 11 assistance, visits...This requirement is 12 not met as evidenced by: based on 13 LPA's interview the licensee admitted 14 that they did not allow this relevant 15 party privacy. The licensee admitted 16 that the relevant party was not left 17 alone with the residents nor did the 18 licensee allow the door to be closed 19 when the relevant party was visiting 20 with residents and this poses an 21 immediate, safety and personal rights 22 risks to staff and persons in care.	
	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: Anthony Perez LICENSING EVALUATOR NAME: Yolanda Delgado LICENSING EVALUATOR SIGNATURE:		DATE: 01/28/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 01/28/2026