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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336402005
Report Date: 06/16/2026
Date Signed: 06/16/2026 12:27:04 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 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 **02/19/2026** and conducted by Evaluator Mary Rico

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260219145300

FACILITY NAME:	INSPIRATIONS HOME CARE			**FACILITY NUMBER:**	336402005
ADMINISTRATOR:	GARCIA, NOELIA			**FACILITY TYPE:**	740
ADDRESS:	2755 THACKER DR			**TELEPHONE:**	(951) 735-6797
CITY:	CORONA	**STATE:** CA		**ZIP CODE:**	92881
CAPACITY:	6	**CENSUS:** 5		**DATE:**	06/16/2026
		UNANNOUNCED		**TIME BEGAN:**	11:15 AM
MET WITH:	Staff- Sandy Flores and House Manager Rose Macdandang			**TIME COMPLETED:**	12:40 PM

ALLEGATION(S):

1	Staff did not provide proper notice of rent increase to authorized representatives.
2	Staff are falsifying documents.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Mary Rico conducted an unannounced visit to investigate and deliver
2	findings on the allegations listed above. LPA met with staff Sandy Flores and House Manager Rose
3	Macdangdang, LPA explained the purpose of the visit. The investigation consisted of staff interviews,
4	resident interviews and record review. The licensee was contacted and informed about today's visit.
5	
6	For the allegation, Staff did not provide proper notice of rent increase to authorized representatives.
7	During staff interviews, the Administrator informed LPA that the proper notice of the rent increase has
8	been provided to all residents authorized representatives. During the record review, LPA observed that
9	the proper documents were provided to residents and their authorized representatives.During resident
10	interviews, residents were unable to collaborate on the allegation.
11	
12	
13	

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:
DATE: 06/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/16/2026

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

Control Number 56-AS-20260219145300

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: INSPIRATIONS HOME CARE **FACILITY NUMBER:** 336402005
VISIT DATE: 06/16/2026

NARRATIVE

For the allegation, Staff are falsifying documents. During staff interviews, three out of the three staff stated they have not falsified documents. During record review, LPA observed appropriate documents.

Based on the evidence found during the investigation, the two (2) allegations listed above are deemed UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED means although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur. During today's visit, no deficiencies were cited per Title 22, Division 6, of the California Code of Regulations. An exit interview was conducted, and this report (LIC9099) was discussed and provided to House Manager Rose Macdangdang.

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:
DATE: 06/16/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/16/2026