

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336405886
Report Date: 06/12/2026
Date Signed: 06/12/2026 12:42:35 PM

Unsubstantiated

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 06/26/2024 and conducted by Evaluator Antonine Richard

	COMPLAINT CONTROL NUMBER: 18-AS-20240626162252
FACILITY NAME: INTEGRATED CARE COMMUNITIES - B2	FACILITY NUMBER: 336405886
ADMINISTRATOR: EMELY C. RODRIGUEZ	FACILITY TYPE: 740
ADDRESS: 14315 NASON STREET	TELEPHONE: (951) 601-9170
CITY: MORENO VALLEY	ZIP CODE: 92555
CAPACITY: 20	DATE: 06/12/2026
	UNANNOUNCED TIME BEGAN: 08:30 AM
MET WITH: EMELY RODRIGUEZ	TIME COMPLETED: 01:00 PM

ALLEGATION(S):

1	Staff injured resident while in care.
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INVESTIGATION FINDINGS:

1	On June 12, 2026, the California Department of Social Services/Community Care Licensing (CDSS/CCL)
2	Licensing Program Analyst (LPA) Antonine Richard conducted an unannounced complaint visit. LPA met
3	with the Administrator (A1), Emily Rodriguez, and explained the purpose of the visit.
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5	The complaint investigations consisted of the following. On June 12, 2026, the Department obtained
6	various documents, including the Personnel Report LIC 500 (dated 06/03/26) and the Resident Roster
7	(dated 06/03/26). The Department reviewed and collected documents for Resident 1 (R1), including the
8	Admission Agreement, the physician's report, the Resident moving out report (dated 07/16/2024), the
9	facility note dated 06/19/2024, and staff training on the client's personal rights and Elder Abuse. The
10	Department interviewed the Administrator (A1), five staff members (S1-S5), and five residents (R2-R6).
11	The Department was unable to interview client R1 because R1 moved out of the facility on 07/16/2024.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Eva M Alvarez	
LICENSING EVALUATOR NAME: Antonine Richard	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/12/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/12/2026

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-20240626162252

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: INTEGRATED CARE COMMUNITIES - B2 **FACILITY NUMBER:** 336405886
VISIT DATE: 06/12/2026

NARRATIVE	
1	Allegation #1: Staff injured residents while in care. The complaint alleged that a staff member at the facility bent Resident #1's (R1) fingers to coerce the client into doing something. On June 12, 2026, the department interviewed the Administration (A1), which denied the allegation and stated that no staff member would ever engage in such behavior. On the same day, the department interviewed five staff members (S1-S5), all of whom denied ever bending or abusing any residents in their care. They also stated that the facility conducts quarterly training on resident rights and the prevention of elder abuse. Additionally, on June 12, 2026, the department interviewed five residents (R2-R6), all of whom denied any allegations of staff abuse or mistreatment while living at the facility. They remarked that the staff was excellent and always responsive when they asked for help. The department interviewed the resident's Power of Attorney (POA) as part of the investigation into the complaint and confirmed that R1 moved out of the facility on July 16, 2024. On June 12, 2026, while reviewing the facility's records, the department found that the facility had submitted a SOC 341 form and cross-reported the allegation to both the police and the Ombudsman on June 26, 2024. Report Continued On LIC9099C
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LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 18-AS-20240626162252

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-
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COMPLAINT INVESTIGATION REPORT
(Cont)

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RIVERSIDE, CA 92507

FACILITY NAME: INTEGRATED CARE COMMUNITIES - B2

FACILITY NUMBER: 336405886

VISIT DATE: 06/12/2026

NARRATIVE

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Additionally, the department examined the Unusual Incident Report submitted to Community Care Licensing on June 19, 2026, along with the facility notes dated June 19, 2024.

Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is **unsubstantiated**.

No deficiencies were cited.

An exit interview was conducted. A copy of this report was provided to the Administrator, Emely Rodriguez.

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