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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336409060
Report Date: 03/10/2026
Date Signed: 03/11/2026 03:38:41 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 **08/12/2025** and conducted by Evaluator Mary Rico

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20250812144548

FACILITY NAME:	INSPIRATIONS HOME CARE III		**FACILITY NUMBER:**	336409060
ADMINISTRATOR:	GARCIA, NOELIA		**FACILITY TYPE:**	740
ADDRESS:	2685 COTTAGE DR		**TELEPHONE:**	(951) 898-8431
CITY:	CORONA	**STATE:** CA	**ZIP CODE:**	92881
CAPACITY:	6	**CENSUS:** 5	**DATE:**	03/10/2026
		UNANNOUNCED	**TIME BEGAN:**	12:30 PM
MET WITH:	Administrator - Karla Campos		**TIME COMPLETED:**	03:15 PM

ALLEGATION(S):

1 Facility staff handled resident in a rough manner.
2 Facility staff took inappropriate photos of resident.
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Mary Rico conducted an unannounced visit to investigate and deliver
2 the findings on the allegation listed above. LPA met with staff Karla Campos and explained the purpose
3 of today's visit. The investigation consisted of staff interviews, resident interviews and record review. The
4 Licensee was also contacted and informed about today's visit.
5
6 For the allegation, Facility staff handled residents in a rough manner. During staff interviews 3 out of the
7 3 staff stated they have not handled a resident in a rough manner. In addition, 3 out of the 3 staff stated
8 that they have not witnessed staff handling a resident in a rough manner. During resident interviews, 3
9 out of the 3 residents stated they have not been handled in a rough manner.
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Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:
DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 03/10/2026

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

Control Number 56-AS-20250812144548

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 III
FACILITY NUMBER: 336409060
VISIT DATE: 03/10/2026

NARRATIVE

For the allegation, Facility staff took inappropriate photos of residents. During staff interviews 3 out of the 3 staff stated they have not taken an inappropriate photo of residents. During residents' interviews, 3 out of the 3 residents stated no inappropriate photos have been taken.

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 allegation 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 staff Karla Campos.

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:
DATE: 03/10/2026

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DATE: 03/10/2026