

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336410667
Report Date: 04/23/2026
Date Signed: 04/23/2026 11:53:33 AM

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 04/17/2026 and conducted by Evaluator Seo Jeon

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20260417140210
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FACILITY NAME: DOLORES HOMECARE	FACILITY NUMBER: 336410667
ADMINISTRATOR: ANALISA CAYABYAB	FACILITY TYPE: 740
ADDRESS: 30758 BLOOMSBURY LANE	TELEPHONE: (760) 202-6609
CITY: CATHEDRAL CITY	ZIP CODE: 92234
CAPACITY: 4	DATE: 04/23/2026
	UNANNOUNCED TIME BEGAN: 10:05 AM
MET WITH: Analisa Cayabyab, Administrator	TIME COMPLETED: 12:00 PM

ALLEGATION(S):

1	Staff speak inappropriately to resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Seo Jeon conducted an unannounced visit to the facility to investigate
2	the above allegation. LPA met with Analisa Cayabyab, Administrator and informed them of the purpose of
3	the visit. The Department's investigation involved interviews with staff and residents and review of
4	records.
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6	On April 17, 2026, Community Care Licensing (The Department) received a complaint report with the
7	following allegation.
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9	It was alleged that staff speak inappropriately to resident. Information received indicated that Staff #1
10	(S1) called names and used inappropriate languages to Resident #1 (R1). LPA's review of R1's resident
11	file revealed that R1 had cognitive condition and resided here since May 2025. LPA conducted an
12	interview with R1, who stated that S1 used foul languages while S1 was providing care to R1. R1 heard
13	S1 using foul languages a few times in the past several months. Continued on LIC9099-C....

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Rikesh Stamps	
LICENSING EVALUATOR NAME: Seo Jeon	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/23/2026

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 2
Control Number 18-AS-20260417140210

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: DOLORES HOMECARE	FACILITY NUMBER: 336410667
	VISIT DATE: 04/23/2026

NARRATIVE	
1	R1 stated S1 has not been around for a few months now. R1 stated there were no health and safety
2	concerns. LPA conducted interviews with two (2) other residents, all of whom denied experiencing staff
3	members speaking inappropriately in the facility. LPA conducted an interview with the Administrator who
4	stated that S1 has always followed the residents' care plans and spoke to residents in professional
5	manner. LPA conducted an interview with S1 who stated that S1 has never spoken inappropriately or
6	heard any staff members speaking inappropriately to residents in care.
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8	Based on interviews conducted and file review, the Department's investigation did not provide enough
9	information to corroborate the allegation that staff speak inappropriately to resident. This allegation is
10	unsubstantiated.
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14	A finding that the complaint is UNSUBSTANTIATED means the allegation may have happened or is
15	valid, but there is not a preponderance of the evidence to prove that the alleged violation occurred.
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18	An exit interview was conducted where a copy of this report was provided.
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SUPERVISORS NAME: Rikesh Stamps	
LICENSING EVALUATOR NAME: Seo Jeon	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/23/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/23/2026