

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336412126

Report Date: 09/23/2025

Date Signed: 09/23/2025 03:02:33 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 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 **05/20/2025** and conducted by Evaluator Mary Rico

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20250520102304
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FACILITY NAME: INSPIRATIONS HOME CARE V	FACILITY NUMBER: 336412126
ADMINISTRATOR: GARCIA, NOELIA	FACILITY TYPE: 740
ADDRESS: 2865 COTTAGE DR	TELEPHONE: (951) 898-1425
CITY: CORONA	STATE: CA
CAPACITY: 6	ZIP CODE: 92881
	DATE: 09/23/2025
	UNANNOUNCED TIME BEGAN: 01:15 PM
MET WITH: House Manager- Rose Mary Macdangdang	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff neglect resulted in a resident sustaining multiple pressure injuries.
2	Staff did not meet a resident's hygiene needs.
3	Staff did not meet a resident incontinence needs.
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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 House Manager Rose Mary Macdangdang and
3	explained the purpose of today's visit. The Licensee was also contacted and informed regarding today's
4	visit. The investigation consisted of staff interviews, resident interviews and record review.
5	
6	For the allegation, Staff neglect resulted in a resident sustaining multiple pressure injuries. During staff
7	interviews 3 out of the 3 staff stated no resident has sustained multiple pressure injuries. In addition, 3
8	out of the 3 staff stated they have not neglected any residents. During resident interviews 3 out of the 3
9	residents stated they have not sustained multiple pressure injuries and have not felt neglected. Based on
10	record reviews, R1's home health notes did not indicate any observation of a pressure injury.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:

DATE: 09/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/23/2025

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

LIC9099 (FAS) - (06/04)

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Control Number 56-AS-20250520102304

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: INSPIRATIONS HOME CARE V

FACILITY NUMBER: 336412126

VISIT DATE: 09/23/2025

NARRATIVE

1 For the allegation, Staff did not meet resident's hygiene needs. During staff interviews 3 out of the 3 staff
2 stated hygiene is provided in the morning and before bed. During resident interviews, 3 out of the 3
3 residents stated hygiene is provided.
4

5 For the allegation, Staff did not meet resident's incontinence needs. During staff interviews, 3 out of the
6 3 staff stated they change their residents three times per day or as needed. During resident interviews 3
7 out of the 3 residents stated staff will assist them in a timely manner and also stated they have not been
8 left in a soiled brief for an extended period.
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10 Based on the evidence found during the investigation, the three (3) allegations listed above are deemed
11 UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED means although the
12 allegation may have happened or are valid, there is not a preponderance of evidence to prove the
13 alleged violations did or did not occur. During today's visit, no deficiencies were cited per Title 22,
14 Division 6, of the California Code of Regulations. An exit interview was conducted, and this report
15 (LIC9099) was discussed and provided to House Manager Rose Mary Macdangdang.
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SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:

DATE: 09/23/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/23/2025

LIC9099 (FAS) - (06/04)

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