

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336423909
Report Date: 02/28/2026
Date Signed: 02/28/2026 02:37:39 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 12/23/2024 and conducted by Evaluator Christian Gutierrez

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20241223130927
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FACILITY NAME:	CAMPBELL'S LOVING HOME CARE INC.	FACILITY NUMBER:	336423909
ADMINISTRATOR:	CHARLES CAMPBELL	FACILITY TYPE:	740
ADDRESS:	18 NAPOLEON RD.	TELEPHONE:	(760) 832-7791
CITY:	RANCHO MIRAGE	ZIP CODE:	92270
CAPACITY:	6	DATE:	02/28/2026
	STATE: CA	TIME BEGAN:	09:23 AM
	CENSUS: 4	TIME	02:50 PM
	UNANNOUNCED	COMPLETED:	
MET WITH:	Sonia Lopez Caregiver		

ALLEGATION(S):

1	Licensee serves residents expired food.
2	Licensee yells at residents
3	Residents are not receiving appropriate care when falls occur.
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6	
7	
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christian Gutierrez conducted a subsequent complain visit in regard to
2	the allegations listed above. LPA met with Caregiver Sonia Lopez who assisted with today's visit.
3	Administrator Lalaine Campbell and Licensee Charles Campbell were notified by telephone.
4	
5	The investigation consisted of the following: During the initial visit conducted on 12/31/2024, LPA Seo
6	Jeon conducted a tour of the interior/exterior areas of the facility, conducted a review of records,
7	obtained, and requested copies of pertinent documentation. LPA interviewed residents and staff. LPA did
8	not find any health and safety concerns. The Administrator was advised that at the time of visit additional
9	time is needed and that follow-up visits and or telephone calls are necessary before reaching
10	investigation findings. During today's visit LPA Gutierrez reviewed four (4) residents files, and inspected
11	kitchen refrigerator and pantry for expired food. LPA interviewed Licensee, Administrator, staff #1 and
12	residents 1-4 (R1-R4).
13	SEE LIC 9099C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Tony Vasallo	
LICENSING EVALUATOR NAME: Christian Gutierrez	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/28/2026

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-20241223130927

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 (Cont)	

FACILITY NAME: CAMPBELL'S LOVING HOME CARE INC.	FACILITY NUMBER: 336423909
	VISIT DATE: 02/28/2026

NARRATIVE	
1	In regard to the allegation "Licensee serves residents expired food", it is alleged that residents are
2	served expired food from freezer outside. During interviews with Licensee, Administrator and staff all
3	three (3) stated that residents are never served expired food. Administrator stated that they are always
4	going to store to replenish food. There is no expired food in home and freezer outside is only used for
5	overflow. S1 stated that he/she has never used the freezer outside and the only time they have
6	witnessed it being used was maybe for storage for a turkey for thanksgiving. During interviews with
7	residents three (3) out of four (4) stated to their knowledge they have never eaten expired food. When
8	asked if they liked the food being served all three stated they did. One (1) resident was confused by
9	questions and did not answer. LPA inspected refrigerator, freezer, and pantry and did not observe any
10	expired food. LPA observed a sufficient supply of fresh foods along with a sufficient supply of canned
11	foods.
12	
13	In regard to the allegation" Licensee yells at residents", it is alleged that Administrator yells at residents.
14	During interview with Licensee, Administrator, and staff all three (3) stated that staff has never yelled at a
15	resident in care. Administrator stated that the residents are well taken care of and that the allegations
16	make them sick. During interviews with residents two (2) out of four (4) stated that staff has never yelled
17	at them at they are treated with respect. One (1) resident R1 stated that Administrator has yelled at
18	him/her but out of frustration because they forget a lot. One (1) resident was confused by questions and
19	did not answer LPA.
20	
21	In regard to the allegation" Residents are not receiving appropriate care when falls occur.", It is alleged
22	that facility refuses to call 911 if a resident has a fall. During interview with Licensee, Administrator, and
23	staff all three (3) stated that there has been no falls with residents in care. All staff stated that they would
24	call 911 if there was any kind of fall. LPA reviewed all four (4) residents files and did not see any doctor
25	or hospital paperwork indicating any falls. During interviews with residents three (3) out of four (4) stated
26	they have not fallen therefore have never had to call 911. One (1) resident was confused by questions
27	and did not answer LPA. Three of the residents in care receive hospice care and no reports of a fall are
28	indicated in there hospice folders.
29	
30	Although the allegations may have happened or are valid, there is no preponderance of evidence to
31	prove the alleged violations did or did not occur, therefore the allegations are unsubstantiated . An exit
32	interview was conducted with Sonia Lopez Caregiver and a copy of this report was provided.

SUPERVISORS NAME: Tony Vasallo	
LICENSING EVALUATOR NAME: Christian Gutierrez	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/28/2026