

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336425524
Report Date: 08/30/2026
Date Signed: 08/30/2026 04:24:50 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO 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 01/08/2026 and conducted by Evaluator Edith Conchas

	COMPLAINT CONTROL NUMBER: 56-AS-20260108163849
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FACILITY NAME: EMORY TERRACE	FACILITY NUMBER: 336425524
ADMINISTRATOR: RAYMOND CHU	FACILITY TYPE: 740
ADDRESS: 34 EMORY AVENUE	TELEPHONE: (951) 402-3697
CITY: BEAUMONT	ZIP CODE: 92223
CAPACITY: 6	DATE: 08/30/2026
	UNANNOUNCED TIME BEGAN: 03:40 PM
MET WITH: Caregiver Tiffany Colantonio	TIME COMPLETED: 04:40 PM

ALLEGATION(S):

1	Staff did not ensure that resident was adequately fed.
2	Staff did not ensure that resident received sufficient fluids to prevent dehydration.
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INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPA) E.Conchas conducted an unannounced visit for the purpose of
2	delivering findings on the allegations stated above. LPA met with caregiver Tiffany Colantonio and
3	explained the purpose of the visit.
4	
5	On 01/08/2026, the Department received a complaint regarding the allegations stated above. The
6	Department's investigation consisted of interviews, review of hospice documentation, hospital records,
7	and facility records.
8	
9	Allegation Staff did not ensure that resident was adequately fed.
10	Record review indicates that on 01/02/2026, R1 was admitted to the hospital for altered level of
11	consciousness. Witness (W1) reported that on 01/04/2026, Witness (W2) expressed concerns of
12	potential neglect due to R1 appearing cachectic and clinically dehydrated.
13	Contiue to LIC9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Karen Clemons	
LICENSING EVALUATOR NAME: Edith Conchas	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/30/2026

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 56-AS-20260108163849

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: EMORY TERRACE	FACILITY NUMBER: 336425524
	VISIT DATE: 08/30/2026

NARRATIVE	
1	On 01/05/2026, W2 met with W3 at the hospital. A speech therapist evaluated R1 and determined R1
2	was unlikely to consume sufficient nutrition or fluids orally to sustain life. The dietitian expressed concern
3	regarding R1's nutritional status. W2 informed W3 that a placement of a feeding tube would be
4	necessary to consume nutrition or fluids to sustain life; however, W3 declined artificial nutrition, choosing
5	to continue comfort care under hospice services. R1 was discharged from the hospital and returned to
6	the facility on 01/07/2026.
7	Review of hospice documentation revealed that as early as 11/04/2025, R1 was unable to consume
8	nutritional food or fluids and was placed on aspiration precautions, pureed diet, and thickened liquids.
9	Documentation from 11/11/2025 indicated muscle wasting and meal refusals, with intake limited to small
10	sips of water. A hospice assessment dated 11/20/2025 documented cachexia, prominent bony features,
11	and extremely limited intake. Hospice notes dated 01/01/2026 indicated continued poor intake despite
12	caregiver efforts. R1 was discharged from hospice on 01/02/2026 due to hospitalization and readmitted
13	on 01/07/2026.
14	Based on record review and interviews, R1's nutritional decline was consistent with terminal medical
15	conditions and end of life status under hospice care—not due to lack of care or neglect by the facility.
16	This allegation is UNSUBSTANTIATED.
17	
18	Allegation Staff did not ensure that resident received sufficient fluids to prevent dehydration.
19	Interview with S1 confirmed R1 had been receiving hospice services since early November of 2025. S1
20	stated that staff made multiple attempts to offer fluids and documented refusals after the third attempt,
21	consistent with facility practice. Hospice assessments dated 11/04/2025, 11/11/2025, and 11/20/2025
22	documented clinical dehydration, cachexia, and thickened liquid/aspiration precautions. Hospice notes
23	dated 01/01/2026 indicated continued poor fluid intake despite caregiver encouragement. Evidence
24	reflects R1's poor fluid intake was directly related to medical decline associated with hospice care,
25	including limited tolerance for fluids, difficulty swallowing, and end stage cachexia. There is no evidence
26	that insufficient care or lack of intervention by the facility contributed to R1's condition. This allegation is
27	UNSUBSTANTIATED.
28	
29	Based on interviews, record review, hospice documentation, and hospital records, the Department finds
30	that both allegations are UNSUBSTANTIATED: meaning that although the allegations may have
31	happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or
32	did not occur.
	An exit interview was conducted where this report was discussed and a copy was provided to the care staff Tiffany at the conclusion of the visit.

SUPERVISORS NAME: Karen Clemons	
LICENSING EVALUATOR NAME: Edith Conchas	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/30/2026