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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336425776
Report Date: 08/11/2026
Date Signed: 08/11/2026 03:09:34 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 **05/26/2026** and conducted by Evaluator Mary Rico

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260526153800

FACILITY NAME:	INSPIRATIONS HOME CARE VI			**FACILITY NUMBER:**	336425776
ADMINISTRATOR:	GARCIA, ROMULO			**FACILITY TYPE:**	740
ADDRESS:	1117 CARTER LN			**TELEPHONE:**	(951) 870-5676
CITY:	CORONA	**STATE:** CA		**ZIP CODE:**	92881
CAPACITY:	6	**CENSUS:** 5		**DATE:**	08/11/2026
		UNANNOUNCED		**TIME BEGAN:**	01:50 PM
MET WITH:	House Manager Rose Macdangdang			**TIME COMPLETED:**	03:30 PM

ALLEGATION(S):

1	Staff confines resident to bed.
2	Staff has camera in resident's room.
3	Staff does not meet resident's hygiene needs.
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INVESTIGATION FINDINGS:

1	On 8/11/2026, Licensing Program Analyst (LPA) Mary Rico conducted an unannounced visit to
2	investigate and deliver findings on the allegations listed above. LPA met with Rose Macdangdang
3	explained the purpose of the visit. The Administrator was also contacted and informed about today's visit.
4	The investigation consisted of staff interviews, resident interviews, record reviews and facility tour.
5	
6	For the allegation, Staff confines resident to bed. During staff interviews, three out of the three staff
7	stated that residents are not confined to their bed. All staff also indicated that residents are reposition out
8	of bed. During residents' interviews two out of the three residents stated that they are allowed to leave
9	their bed. In addition, one out of the three residents were unable to collaborate on the allegations.
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Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026

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

Control Number 56-AS-20260526153800

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 VI **FACILITY NUMBER:** 336425776
VISIT DATE: 08/11/2026

NARRATIVE

For the allegation, Staff has camera in resident's room. During staff interviews, three out of the three staff stated there are no cameras inside residents' bedrooms. During resident interviews two out of the three residents stated there are no cameras inside their bedroom. During facility tour, LPA did not observe any camera inside the residents' rooms.

For the allegation, Staff does not meet resident's hygiene needs. During staff interviews, three out of the staff stated they met resident's needs throughout the day. During resident interviews two out of the three residents stated their hygiene needs are met.

Based on the evidence found during the investigation, the three (3) allegations listed above is 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 House Manager Rose Macdangdang

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026