

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336425978
Report Date: 02/20/2026
Date Signed: 02/20/2026 11:30:20 AM

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 **07/28/2023** and conducted by Evaluator Raquel Hernandez

	COMPLAINT CONTROL NUMBER: 56-AS-20230728091428
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FACILITY NAME:	LIVE IN COMFORT CARE	FACILITY NUMBER:	336425978
ADMINISTRATOR:	GOMEZ, KECIA	FACILITY TYPE:	740
ADDRESS:	9872 WOODBRIDGE LANE	TELEPHONE:	(909) 643-6965
CITY:	RIVERSIDE	ZIP CODE:	92509
CAPACITY:	6	DATE:	02/20/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	11:00 AM
	CENSUS: 5	TIME COMPLETED:	11:45 AM
MET WITH:	Staff Isabel Cantu		

ALLEGATION(S):

1	Resident sustained severe injuries due to staff neglect
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Raquel Hernandez conducted an unannounced visit for the purpose of
2	delivering findings for allegation listed above. LPA met with Staff Isabel Cantu explained the purpose of
3	the visit. LPA contacted Licensee Jose Gomez via telephone to inform of today's visit.
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5	On 07/28/2023, the Department received a complaint pertaining to a resident sustaining severe injuries
6	due to staff neglect. The Department's investigation consisted of review of facility files, other pertinent
7	records, observations, and interviews with pertinent individuals.
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9	Per facility interviews, it was discovered that Resident #1 (R1) fell during the night on 07/13/2023 and
10	sustained a C1 fracture and a broken nose. The Department observed through facility records that the
11	facility staff responded to R1's fall and contacted emergency services immediately and R1 was
12	transported to the hospital. Additionally, R1 did not require one on one care supervision.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Efren Malagon	
LICENSING EVALUATOR NAME: Raquel Hernandez	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/20/2026

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-20230728091428

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: LIVE IN COMFORT CARE	FACILITY NUMBER: 336425978
	VISIT DATE: 02/20/2026

NARRATIVE		
1	Based on the evidence gathered during today’s investigation, the allegations listed above are deemed UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED means although the allegation may have happened or is valid, there is no preponderance of the evidence to prove that the alleged violation occurred.	
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6		During today’s visit, no deficiencies pertaining to the allegations 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 Staff Isabel Cantu and Licensee Jose Gomez. Licensee informed LPA that Staff Isabel Cantu is able to sign reports due to Licensee not being able to come to facility.
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