

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336426029
Report Date: 09/23/2025
Date Signed: 09/23/2025 12:56:00 PM

Unsubstantiated

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| 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 **09/17/2025** and conducted by Evaluator Beena Singh

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| PUBLIC | COMPLAINT CONTROL NUMBER: 56-AS-20250917095925 |
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| FACILITY NAME: CALOAKS SENIOR LIVING | FACILITY NUMBER: 336426029 |
| ADMINISTRATOR: AMELIA ALADIN | FACILITY TYPE: 740 |
| ADDRESS: 3891 POLK STREET | TELEPHONE: (951) 689-6162 |
| CITY: RIVERSIDE | STATE: CA ZIP CODE: 92505 |
| CAPACITY: 74 | CENSUS: 52 DATE: 09/23/2025 |
| MET WITH: Facility staff-LVN- Melissa Bridges | UNANNOUNCED TIME BEGAN: 09:00 AM |
| | TIME COMPLETED: 01:20 PM |

ALLEGATION(S):

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| 1 | Licensee is not ensuring that staff follow proper infection control protocols. |
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INVESTIGATION FINDINGS:

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| 1 | <p>On 9/23/2025, Licensing Program Analyst (LPA) Beena Singh made an unannounced visit to initiate and deliver the findings to the above complaint allegation. LPA Singh met with Facility staff-LVN- Melissa and stated the purpose of this visit. Licensee/ Administrator, Amelia Aladin was been informed of the visit and arrived during this visit. The investigation consisted of staff interviews, resident interviews, and a tour of the facility.</p> <p>In regard to allegation, Licensee is not ensuring that staff follow proper infection control protocols. LPA Singh inspected several areas of the facility. LPA Singh observed the facility Staff disinfect the facility and residents are being isolated and monitored. At the entrance of the facility "No visitors sign" is being displayed and side door has been used for the entry and masks, hand hygiene protocol has been enforced by the staff. During LPA Singh's visit to the facility, residents were being quarantined, staff and residents wearing masks. Eight (8) out of eight (8) residents stated that they have been isolated if they are positive for Covid-19.</p> |
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Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Beena Singh
LICENSING PROGRAM ANALYST 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-20250917095925

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 (Cont)

FACILITY NAME: CALOAKS SENIOR LIVING

FACILITY NUMBER: 336426029

VISIT DATE: 09/23/2025

NARRATIVE

1 LPA Singh interviewed staff, five (5) out of five (5) denied that the facility Licensee is not ensuring that
2 staff follow proper infection control protocols. Five (5) out of Five (5) staff stated that facility staff clean
3 the facility daily and disinfect the facility and residents rooms. Staff stated that residents have been
4 isolated and following the infection protocols. LPA Singh also interviewed residents and 8 out of 8
5 residents denied that the facility Licensee/staff is not ensuring that staff follow proper infection control
6 protocols.
7

8 Based on the evidence found during the investigation, the allegation:-Licensee is not ensuring that staff
9 follow proper infection control protocols, listed above is deemed UNSUBSTANTIATED. A finding that the
10 complaints are UNSUBSTANTIATED means although the allegation may have happened or are valid,
11 there is not a preponderance of evidence to prove the alleged violations did or did not occur. During
12 today's visit, no deficiencies were cited per Title 22, Division 6, of the California Code of Regulations.
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14 An exit interview was conducted, and this report (LIC9099 and Lic 9099C) were discussed and provided
15 to Facility Licensee/ Administrator, Amelia Aladin.
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NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Beena Singh
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/23/2025

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