

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336426434

Report Date: 12/15/2025

Date Signed: 12/15/2025 01:26:15 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 **02/27/2025** and conducted by Evaluator Raquel Hernandez

	COMPLAINT CONTROL NUMBER: 56-AS-20250227134533
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FACILITY NAME: BROOKDALE CORONA	FACILITY NUMBER: 336426434
ADMINISTRATOR: BRITTNEY MARTINEZ	FACILITY TYPE: 740
ADDRESS: 2005 KELLOGG AVE	TELEPHONE: (951) 898-6991
CITY: CORONA	ZIP CODE: 92879
CAPACITY: 60	DATE: 12/15/2025
MET WITH: Executive Director Brittany Martinez	UNANNOUNCED TIME BEGAN: 12:05 PM
	TIME COMPLETED: 01:40 PM

ALLEGATION(S):

1	Licensee is not preventing resident from harming other residents in care.
2	Licensee is retaining a resident with a higher level of care need.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Raquel Hernandez conducted an unannounced visit to deliver findings on the allegations listed above. LPA met with Executive Director Brittany Martinez and explained the purpose of the visit. The investigation consisted of resident and staff interviews.
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5	For the allegation, Licensee is not preventing resident from harming other residents in care.
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7	LPA conducted (5) resident interviews and (6) staff interviews. 2 out of the 5 residents indicated facility staff provide a safe environment for residents in care and have no health or safety concerns living at the facility. Additionally, 6 out of 6 staff stated residents are redirected in the event physical harm is presented.
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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: 10/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/21/2025

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-20250227134533

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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: BROOKDALE CORONA

FACILITY NUMBER: 336426434

VISIT DATE: 12/15/2025

NARRATIVE

1 For the allegation, Licensee is retaining a resident with a higher level of care need.
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4 LPA observed facility file for Resident #1 (R1) which indicated no higher level of care was needed.
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6 Additionally, 6 out of the 6 staff stated no higher level of care for R1 was needed.
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8 Based on the evidence gathered during today's investigation, the allegation listed above are deemed
9 UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED means although the
10 allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the
11 alleged violation occurred.
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13 An exit interview was conducted and this report (LIC9099) along with other reports were discussed and
14 provided to Executive Director Brittany Martinez.
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SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Raquel Hernandez
LICENSING EVALUATOR SIGNATURE:

DATE: 12/15/2025

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DATE: 12/15/2025

LIC9099 (FAS) - (06/04)

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