

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336427235
Report Date: 05/22/2026
Date Signed: 05/22/2026 12:25:44 PM

Substantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/12/2025** and conducted by Evaluator Mary Rico

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20251212130158
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FACILITY NAME:	CORONA RESIDENTIAL CARE CENTER LLC	FACILITY NUMBER:	336427235
ADMINISTRATOR:	AHARON STRIKS	FACILITY TYPE:	740
ADDRESS:	1400 CIRCLE CITY DR	TELEPHONE:	(951) 735-0252
CITY:	CORONA	ZIP CODE:	92879
CAPACITY:	125	DATE:	05/22/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	10:45 AM
	CENSUS: 99	TIME	12:35 PM
MET WITH:	Assistant Administrator - Mary Gonzalez	COMPLETED:	

ALLEGATION(S):

1	Staff did not administer medication as prescribed.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Mary Rico conducted an unannounced visit to investigate and deliver findings on the allegation listed above. LPA met with Assistant Administrator Mary Gonzalez and explained the purpose of the visit. The investigation consisted of staff interviews, resident interviews, a medication audit, and a records review.
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6	For the allegation, Staff did not administer medication as prescribed: During staff interviews, three out of three staff members confirmed that they did not administer R1's medication as prescribed. In addition, two out of the three staff stated they were unaware that R1's medication required a refill. During resident interviews, four out of seven residents stated that medication is not always administered on time and that staff members sometimes forget. LPA also conducted interviews with outside agencies involved with R1, which indicated that R1's test results showed medication was not detected.
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:

DATE: 05/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/22/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04)
Control Number 56-AS-20251212130158

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT
(Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BERNARDINO, 1650 SPRUCE ST STE 200
MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: CORONA RESIDENTIAL CARE CENTER LLC
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 336427235
VISIT DATE: 05/22/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 05/22/2026 Section Cited CCR 87465(4)	1	87465(4) Incidental Medical and Dental	1	The Administrator has agreed to
	2	Care (4) The licensee shall assist	2	conduct an in-service training on
	3	residents with self-administered	3	medication to staff. A copy will be
	4	medications as needed.	4	provided to LPA Rico.
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	6		6	
	7		7	
	8	This requirement wasn't met as	8	POC due date 5/26/2026
	9	evidenced by: Based on interviews,	9	
	10	record review, and medication audit,	10	
	11	which poses an immediate health,	11	
	12	safety or personal rights risk to persons	12	
	13	in care	13	
	14		14	
	1		1	
	2		2	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Mary Rico
LICENSING EVALUATOR SIGNATURE:

DATE: 05/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/22/2026

LIC9099 (FAS) - (06/04)
Control Number 56-AS-20251212130158

Page: 2 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

**COMPLAINT INVESTIGATION REPORT
(Cont)**

SAN BERNARDINO, 1650 SPRUCE ST STE 200
MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: CORONA RESIDENTIAL CARE CENTER
LLC

FACILITY NUMBER: 336427235

VISIT DATE: 05/22/2026

NARRATIVE	
1	During the medication audit, LPA Rico observed three loose pills inside the medication carts and noted that staff had documented that R1 received medication even though the facility did not have the medication available. Staff members were unable to identify which resident the loose pills belonged to.
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4	Based on the evidence gathered during today's investigation, the allegation listed above is deemed SUBSTANTIATED. A finding of SUBSTANTIATED means the allegation is valid because the preponderance of evidence standard has been met. During today's visit, one (1) deficiency was cited per Title 22, Division 6 of the California Code of Regulations. An exit interview was conducted, and this report (LIC9099) and LIC9099D were discussed and provided to Assistant Administrator Mary Gonzalez, along with a copy of the appeal rights.
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SUPERVISORS NAME: Efren Malagon	
LICENSING EVALUATOR NAME: Mary Rico	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/22/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/22/2026