

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 355201055

Report Date: 01/20/2026

Date Signed: 01/23/2026 02:13:05 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 1314 E SHAW AVE FRESNO, CA 93710
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/09/2026** and conducted by Evaluator Vadim Gorban

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20260109151542
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FACILITY NAME: WHISPERING PINES INN, LLC	FACILITY NUMBER: 355201055
ADMINISTRATOR: PARK, CHARLES & MAE	FACILITY TYPE: 740
ADDRESS: 476 LOS VIBORAS ROAD	TELEPHONE: (831) 636-9620
CITY: HOLLISTER	STATE: CA
CAPACITY: 36	ZIP CODE: 95023
MET WITH: Administrator Charles Park	CENSUS: 15
	DATE: 01/20/2026
	UNANNOUNCED TIME BEGAN: 03:15 PM
	TIME COMPLETED: 04:30 PM

ALLEGATION(S):

1	Staff did not respond to a resident's pull cord in a timely manner.
2	Staff did not report an incident to licensing.
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INVESTIGATION FINDINGS:

1	On 01/20/2026, Licensing Program Analyst (LPA) V Gorban conducted subsequent complaint inspection.
2	LPA met with administrator. The purpose of this visit is to deliver the findings of the investigation
3	completed by the Department.
4	During the visit, LPA conducted health and safety tour.
5	Allegation: Staff did not respond to a resident's pull cord in a timely manner. Based on staff and residents
6	interviews no concerns regarding call light response time. Although the allegation may have happened or
7	is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur,
8	therefore the allegation is Unsubstantiated.
9	Allegation: Staff did not report an incident to licensing. Based on records reviews and interviews no falls
10	for R1 reported or recorded. Although the allegation may have happened or is valid, there is not a
11	preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
12	Unsubstantiated.
13	Exit interview provided, report signed and copy of this report provided to administrator for facility records.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Brenda Chan

LICENSING EVALUATOR NAME: Vadim Gorban

LICENSING EVALUATOR SIGNATURE:

DATE: 01/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/20/2026

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