

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 360900455
Report Date: 02/05/2025
Date Signed: 02/05/2025 01:57:25 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 , CA 92507
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/08/2024** and conducted by Evaluator Bernadette Allen

	COMPLAINT CONTROL NUMBER: 56-AS-20240708112046
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FACILITY NAME: HERITAGE GARDENS	FACILITY NUMBER: 360900455
ADMINISTRATOR: LEAK, LISA	FACILITY TYPE: 740
ADDRESS: 25271 BARTON RD	TELEPHONE: (909) 796-0219
CITY: LOMA LINDA	STATE: CA
CAPACITY: 64	ZIP CODE: 92354
MET WITH: Jessica Ramos Administrator	CENSUS: 55
	ANNOUNCED: 02/05/2025
	TIME BEGAN: 01:45 PM
	TIME COMPLETED: 02:15 PM

ALLEGATION(S):

1	Staff unlawfully evicted a resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Bernadette Allen met with Jessica Ramos Administrator at Community
2	Care Licensing Division (CCLD) Adult and Senior Care (ASC) Regional Office on 2/5/2025 at 1:45 PM to
3	deliver the findings for the above allegation. LPA Allen explained the purpose of the requested office visit.
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5	The investigation consisted of interviews with outside parties and file review.
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7	During the interviews with outside parties and the administrator, Jessica Ramos, as well as a review of
8	the files, it was confirmed that Resident 1 (R1) received an eviction notice on July 5, 2024. Both Jessica
9	and R1's responsible party have indicated that they have been collaborating to find a new facility that
10	meets R1's needs, but their efforts have been unsuccessful so far. They have both confirmed that R1 has
11	been and will continue to reside at the current facility until suitable housing that meets R1's needs and
12	services is found.
13	

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Bernadette Allen
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/05/2025

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-20240708112046

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1650 SPRUCE ST STE 200
MS29-27
, CA 92507

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: HERITAGE GARDENS

FACILITY NUMBER: 360900455

VISIT DATE: 02/05/2025

NARRATIVE

- 1 Based on interviews and evidence gathered during the investigation, the above allegation is found to be
- 2 Unfounded, meaning that the allegation was false, could not have happened and/or is without a
- 3 reasonable basis.
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- 5 An exit interview was conducted and where this report was discussed with Jessica Ramos Administrator
- 6 and a copy of the report was provided at the conclusion of the visit with appeal rights.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Bernadette Allen
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/04/2025