

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 360900455
Report Date: 07/01/2026
Date Signed: 07/01/2026 02:23:49 PM

Unfounded

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 **06/23/2026** and conducted by Evaluator Sarina Ramirez

	COMPLAINT CONTROL NUMBER: 56-AS-20260623172640
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FACILITY NAME:	HERITAGE GARDENS	FACILITY NUMBER:	360900455
ADMINISTRATOR:	JESSICA J. RAMOS	FACILITY TYPE:	740
ADDRESS:	25271 BARTON RD	TELEPHONE:	(909) 796-0219
CITY:	LOMA LINDA	ZIP CODE:	92354
CAPACITY:	64	DATE:	07/01/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	01:40 PM
	CENSUS: 54	TIME COMPLETED:	02:40 PM
MET WITH:	Administrator Jessica Ramos		

ALLEGATION(S):

1	Resident sustained fractures and other injuries due to staff neglect or physical abuse
2	Licensee does not ensure there are adequate staff to meet resident's needs
3	Staff did not address a resident's change in medical condition in a timely manner
4	Staff did not ensure residents toileting needs were met
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sarina Ramirez conducted an unannounced visit to the facility to
2	conduct a complaint investigation on the above allegations. LPA met with Administrator Jessica Ramos,
3	and discussed the purpose of the visit.
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5	Regarding allegations above, The Administrator informed LPA that resident #1 (R1) never resided in the
6	assisted living facility but resided in the skilled nursing facility. LPA obtained a resident roster from the
7	skilled nursing facility that verifies R1 lived at the skilled nursing facility. Based on LPA's interviews and
8	record review, the above allegations are Unfounded.
9	
10	An Unfounded finding means, the allegation is false, could not have happened, and/or is without a
11	reasonable basis.
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13	An exit interview was conducted where this report was discussed and a copy of this report was provided
	to Administrator Jessica Ramos at the conclusion of the visit.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Karen Clemons	
LICENSING EVALUATOR NAME: Sarina Ramirez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/01/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/01/2026