

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361800071

Report Date: 08/20/2025

Date Signed: 08/20/2025 02:36:01 PM

Unsubstantiated

Table with 2 columns: STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY and CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION

This is an official report of an unannounced visit/investigation of a complaint received in our office on 01/20/2022 and conducted by Evaluator Javier Prieto

Table with 2 columns: Empty cell and COMPLAINT CONTROL NUMBER: 18-AS-20220120085033

FACILITY NAME: BLOSSOM GROVE ALZHEIMER'S SPECIAL CARE FACILITY NUMBER: 361800071
ADMINISTRATOR: SUSIANI HALIUM NUMBER: 740
ADDRESS: 11116 NEW JERSEY ST FACILITY TYPE: (909) 335-6660
CITY: REDLANDS STATE: CA TELEPHONE: 92373
CAPACITY: 66 CENSUS: 42 DATE: 08/20/2025
MET WITH: Cristina Miller, Executive Director UNANNOUNCED TIME BEGAN: 09:45 AM
COMPLETED: 02:45 PM

ALLEGATION(S):

- 1 Due to lack of supervision resident sustained a pressure ulcer while in care
2 Due to lack of care and supervision resident sustained multiple falls while in care.
3 Resident's medication is mismanaged by staff.
4 Resident's personal items are not safeguarded by the facility staff.
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INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst (LPA) Javier Prieto arrived to the facility to concluded a complaint
2 investigation regarding the above allegations. LPA Prieto met with Executive Director Miller and
3 explained the elements of the complaint.
4
5 Allegation #1 - Facility staff #1 (S1), S2 and Executive Director Miller reviewed files for resident #1 (R1)
6 and produced records from a medical facility evaluating R1 with no signs of pressure ulcers.
7
8 Allegation #2 - Facility is fully staff. Executive Director Miller provided R1's resident service plan and
9 assessed R1 as a fall risk. Facility staff are directed, and documented, for frequent checks due to fall risk.
10
11 Allegation #3 - LPA obtained R1's Centrally Stored Medication chart and Physician's Order to show that
12 R1 is receiving their medications and prescribed.
13

Table with 2 columns: Unsubstantiated and Estimated Days of Completion:

**SUPERVISORS NAME:** Karen Clemons  
**LICENSING EVALUATOR NAME:** Javier Prieto  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 08/20/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/20/2025

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** 18-AS-20220120085033

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:** BLOSSOM GROVE ALZHEIMER'S SPECIAL CARE CENTER

**FACILITY NUMBER:** 361800071

**VISIT DATE:** 08/20/2025

### NARRATIVE

1 Allegation #4 - Interview with facility staff stated that resident personal items are being safeguarded.  
2 Facility requires resident's, upon admission to the facility, to sign a Client/Resident Personal Property  
3 and Valuables form. LPA obtained this document for this investigation. R1 no longer resides at the home  
4 and was unable to interview.

5  
6 Based on the information obtained there is not enough evidence to support the allegations made in this  
7 complaint. Therefore, the allegations are deemed UNSUBSTANTIATED at this time. This report was  
8 signed LPA Prieto and Executive Director Miller and a copy was left with the facility.  
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**SUPERVISORS NAME:** Karen Clemons  
**LICENSING EVALUATOR NAME:** Javier Prieto  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 08/20/2025

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/20/2025

LIC9099 (FAS) - (06/04)

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