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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361800118
Report Date: 08/21/2026
Date Signed: 08/21/2026 01:51:51 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES** **COMMUNITY CARE LICENSING DIVISION** **SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27** **RIVERSIDE, CA** 92507

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/14/2026** and conducted by Evaluator Sarina Ramirez

	COMPLAINT CONTROL NUMBER: 56-AS-20260814164109

FACILITY NAME:	ANGELIC MANSIONS			**FACILITY NUMBER:**	361800118
ADMINISTRATOR:	RAJADAS, STEVEN P			**FACILITY TYPE:**	740
ADDRESS:	7585 WARREN VISTA AVE			**TELEPHONE:**	(760) 365-4620
CITY:	YUCCA VALLEY	**STATE:** CA		**ZIP CODE:**	92284
CAPACITY:	15	**CENSUS:** 8		**DATE:**	08/21/2026
		UNANNOUNCED		**TIME BEGAN:**	10:00 AM
MET WITH:	Staff Brandy Gorden			**TIME COMPLETED:**	02:15 PM

ALLEGATION(S):

1	Licensee allows uncleared staff to provide care to residents
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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 allegation. LPA met with Staff Brandy Gorden, and
3	discussed the purpose of the visit.
4	
5	Regarding allegation mentioned, after reviewing the Guardian website and interviewing staff, it was
6	determined that although Staff #1 has an active background clearance, they are not associated to the
7	facility. Staff #1 (S1) stated they believed the association request had already been submitted. LPA
8	reviewed Staff #1’s personnel file and observed required training documentation as well as a valid CPR
9	certificate, which was verified through the National CPR Foundation website.
10	
11	Based on LPA's interviews and record review, the preponderance of evidence standard has been met,
12	therefore the above allegation is found to be SUBSTANTIATED
13	
	An exit interview was conducted where this report LIC9099, LIC9099D, and Appeal Rights were
	discussed and provided to Staff Brandy Gorden at the conclusion of the visit

Substantiated	Estimated Days of Completion:

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Sarina Ramirez
LICENSING EVALUATOR SIGNATURE:
DATE: 08/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/21/2026

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

Control Number 56-AS-20260814164109

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

FACILITY NAME: ANGELIC MANSIONS **FACILITY NUMBER:** 361800118
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/21/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 08/28/2026 **Section Cited** CCR 87411(g)(2)	1 2 3 4 5 6 7	87411 Personnel Requirements - General (g) Prior to employment or initial presence in the facility, all employees and volunteers subject to a criminal record review shall: (2) Request a transfer of a criminal record clearance as specified in Section 87355(c)...This requirement was not met as evidenced by:	1 2 3 4 5 6 7	Administrator has agreed to contract guardian to be associated to the facility and provide proof to LPA by the POC due date.
	8 9 10 11 12 13 14	Based upon record review and interviews Staff #1 (S1) was no associated to the facility through guardian which poses a potential health and safety risk to residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Karen Clemons
LICENSING EVALUATOR NAME: Sarina Ramirez
LICENSING EVALUATOR SIGNATURE:
DATE: 08/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/21/2026