

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361800187
Report Date: 04/14/2026
Date Signed: 04/14/2026 02:24:07 PM

Unsubstantiated

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 10/04/2024 and conducted by Evaluator Beena Singh

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20241004092109
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FACILITY NAME:	ROSE VALLEY REDLANDS	FACILITY NUMBER:	361800187
ADMINISTRATOR:	GLENN BERNAL	FACILITY TYPE:	740
ADDRESS:	153 S DEARBORN ST	TELEPHONE:	(909) 389-7586
CITY:	REDLANDS	ZIP CODE:	92374
CAPACITY:	6	DATE:	04/14/2026
	STATE: CA	TIME BEGAN:	12:20 PM
	CENSUS: 6	TIME COMPLETED:	02:45 PM
MET WITH:	Facility Vice President-Iren Creighton		

ALLEGATION(S):

1	Staff transferred resident to another facility without consent.
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INVESTIGATION FINDINGS:

1	On 04/14/2026, Licensing Program Analyst (LPA) Beena Singh arrived at the facility, greeted by House
2	Manager Mistie Felton and was granted entry to the facility. Facility Vice President-Iren Creighton was
3	informed and arrived during the visit, LPA Singh introduced herself to the Facility Vice President-Iren
4	Creighton and stated the purpose of this visit.
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7	Second Allegation:- Second Allegation:-Staff transferred resident to another facility without consent.
8	Licensing Program Analyst(LPA) Singh interviewed Staff, outside agency, reviewed records. Records
9	review and interviews with Staff and outside agency confirmed that Licensee/Staff informed resident's
10	family about the resident's transfer to the other facility due to R#1s change of condition and needed
11	higher level of care.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Efren Malagon	
LICENSING EVALUATOR NAME: Beena Singh	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/14/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/14/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 3 of 4
Control Number 56-AS-20241004092109

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ROSE VALLEY REDLANDS	FACILITY NUMBER: 361800187
	VISIT DATE: 04/14/2026

NARRATIVE	
1	Staff transferred resident to another facility without consent is determined to be Unsubstantiated, as
2	facility Staff/administrator did inform resident's family and transferred resident#1 with consent of the
3	family to another facility.
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5	Based on the evidence found during the investigation, the allegations listed above are deemed
6	UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED means
7	although the allegation may have happened or are valid, there is not a preponderance of
8	evidence to prove the alleged violations did or did not occur. During today's visit, no
9	deficiencies were cited per Title 22, Division 6, of the California Code of Regulations.
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12	An exit interview was conducted where this report LIC9099, 9099C was discussed and provided to
13	Facility Representative, Facility Vice President Iren Creighton.
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LICENSING EVALUATOR NAME: Beena Singh	
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