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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361800198
Report Date: 04/17/2026
Date Signed: 04/17/2026 11:27:49 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 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 **04/15/2026** and conducted by Evaluator Paola Guerrero

	COMPLAINT CONTROL NUMBER: 56-AS-20260415153002

FACILITY NAME:	MGB CARMEL MANOR		**FACILITY NUMBER:**	361800198
ADMINISTRATOR:	BERNAL, GLENN		**FACILITY TYPE:**	740
ADDRESS:	457 WEST 13TH STREET		**TELEPHONE:**	(909) 982-4786
CITY:	UPLAND	**STATE:** CA	**ZIP CODE:**	91786
CAPACITY:	6	**CENSUS:** 5	**DATE:**	04/17/2026
		UNANNOUNCED	**TIME BEGAN:**	09:13 AM
MET WITH:	Gloria Hughes		**TIME COMPLETED:**	11:40 AM

ALLEGATION(S):

1	Staff do not prevent a resident/client from being financially abused.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Paola Guerrero arrived at the facility to deliver investigative findings.
2	LPA met with Facility Caregiver Gloria Hughes and explained the purpose of the visit regarding the
3	allegations stated above.
4	
5	First allegation: Staff do not prevent a resident/client from being financially abused. Regarding the
6	allegation stated above, LPA conducted an interview with Staff #1 concerning the alleged allegation “Staff
7	do not prevent a resident from being financially abused” Staff #1 informed LPA that Resident #1 handles
8	and manages their own finances. Staff #1 further explained that the facility does not assist residents with
9	cash management. Staff #1 further indicated that all transactions between R#1 and R#2 take place
10	outside of the facility during the time that both residents are attending InoVage PACE Program. Staff #1
11	informed LPA that Resident #1 and Resident #2 are good friends however, facility has coached both
12	residents individually concerning Resident #1 loaning Resident #2 money and Resident #2 asking or
13	taking money from Resident #1.

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Paola Guerrero
LICENSING EVALUATOR SIGNATURE:
DATE: 04/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/17/2026

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

Control Number 56-AS-20260415153002

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: MGB CARMEL MANOR **FACILITY NUMBER:** 361800198
VISIT DATE: 04/17/2026

NARRATIVE

Based on corroborating evidence LPA has determined that the above allegation is Unsubstantiated, meaning that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur.

An exit interview was conducted where this report (LIC 9099) was discussed, and a copy was provided to Facility Caregiver Gloria Hughes.

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Paola Guerrero
LICENSING EVALUATOR SIGNATURE:
DATE: 04/17/2026

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DATE: 04/17/2026