

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361880525
Report Date: 01/13/2025
Date Signed: 01/13/2025 11:54:58 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 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 **01/08/2025** and conducted by Evaluator Paola Guerrero

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20250108152702
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FACILITY NAME: MERRILL GARDENS AT RANCHO CUCAMONGA	FACILITY NUMBER: 361880525
ADMINISTRATOR: USMAN CHAUDARY	FACILITY TYPE: 740
ADDRESS: 9942 HIGHLAND AVENUE	TELEPHONE: (909) 303-9545
CITY: RANCHO CUCAMONGA	STATE: CA ZIP CODE: 91737
CAPACITY: 150	CENSUS: 102 DATE: 01/13/2025
MET WITH: Usman Chaudary- Administrator	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 12:00 PM

ALLEGATION(S):

1	Facility is unable to provide power during a power outage to residents
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Paola Guerrero conducted an unannounced visit to deliver findings on
2	the allegations listed above. LPA met with Facility Administrator Usman Chaudhary and explained the
3	purpose of the visit. The investigation consisted of interviews, observations, and review of records.
4	
5	First allegation: Facility is unable to provide power during a power outage to residents. Regarding the
6	allegation LPA conducted an interview with Facility Administrator regarding the allegation. Facility
7	Administrator informed LPA that on 1/7/2025 their facility experienced a Public Safety Power shutoff
8	(PSPS), by Southern California Edison (SCE), due to extreme weather (wind) conditions. During the
9	interview Facility Administrator informed LPA that on 1/7/2025 facility utilized portable power generators,
10	portable lighting, and provided portable oxygen tanks to residents in need. On 1/13/2025 LPA observed
11	that the facility currently had power. Furthermore, on 1/13/2024 LPA was accompanied by Facility
12	Administrator on a walkthrough of the facility for the purpose to ensure that the facility was meeting
13	resident needs during Public Safety Power Shutoffs.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Paola Guerrero
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/13/2025

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 56-AS-20250108152702

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BERNARDINO, 1650 SPRUCE ST STE 200
MS29-27
RIVERSIDE, CA 92507

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: MERRILL GARDENS AT RANCHO CUCAMONGA

FACILITY NUMBER: 361880525

VISIT DATE: 01/13/2025

NARRATIVE

1 During the walkthrough LPA observed portable power generators to be stored along with portable light
2 stands, and flashlights. During the walkthrough LPA inspected facility food supply and observed
3 sufficient food supply to be stored. LPA conducted interviews with residents and four out of four
4 residents informed LPA that facility informed residents regarding the power shutoff four out of four
5 residents informed LPA feeling safe during the shutoff and stated that the facility met their care needs
6 during the time of the Public Safety Power Shutoff (PSPS). Based on corroborating evidence obtained
7 during the course of the investigation, LPA has determined that the above allegation is Unsubstantiated.
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9 Unsubstantiated: meaning that although the allegation may have happened or is valid, there is not a
10 preponderance of evidence to prove the alleged violation did or did not occur.
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12 An exit interview was conducted where this report (LIC 9099) was discussed, and a copy was provided
13 to Facility Administrator Usman Chaudhary at the end of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Paola Guerrero
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/13/2025