

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361880646
Report Date: 03/11/2026
Date Signed: 03/11/2026 02:27:49 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 **04/24/2024** and conducted by Evaluator Beena Singh

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20240424141448
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FACILITY NAME: WHISPERING WINDS OF APPLE VALLEY ASSISTED LIVING	FACILITY NUMBER: 361880646
ADMINISTRATOR: JEFFERY GOLLINAR	FACILITY TYPE: 740
ADDRESS: 11825 APPLE VALLEY ROAD	TELEPHONE: (760) 961-1212
CITY: APPLE VALLEY	ZIP CODE: 92308
CAPACITY: 116	DATE: 03/11/2026
MET WITH: Executive Director-Jeffrey Gollihar	UNANNOUNCED TIME BEGAN: 10:01 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff did not dispense medication to resident as prescribed.
2	Staff did not address a change in resident's condition in a timely manner.
3	Staff did not notify resident's responsible party of a meeting regarding a change in resident's condition.
4	Staff did not maintain a completed care plan for resident.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Beena Singh conducted an unannounced visit to the facility to deliver findings on above allegation. LPA Singh met with Executive Director-Jefferey Gollihar, facility representative, and was granted entry into the facility. The investigation conducted by LPA Singh consisted of interviews and records review.
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6	First Allegation:-Staff did not dispense medication to resident as prescribed.
7	Resident#1 was under Hospice care and medication was prescribed by their physician and been updated accordingly. LPA Singh reviewed records, interviewed nurse director who stated all staff follow the hospice care plan if residents are on hospice or by the physician order. Staff contact responsible party to notify any changes in medication. Five (5) out of Five(5) residents stated they have been given medications according to prescriptions.
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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: 03/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/11/2026

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

LIC9099 (FAS) - (06/04)

Page: 1 of 2

Control Number 56-AS-20240424141448

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 (Cont)

FACILITY NAME: WHISPERING WINDS OF APPLE VALLEY
ASSISTED LIVING

FACILITY NUMBER: 361880646

VISIT DATE: 03/11/2026

NARRATIVE

1 **Second Allegation: Resident has unexplained bruises due to lack of supervision.**
2 According to five(5) out of five(5) residents stated facility staff looks after them and
3 ensures that all the residents are safe and being cared for. LPA Singh reviewed
4 records and interviewed staff who stated that residents facility takes immediate
5 measures if residents needed any emergency services and reported to relevant
6 parties.
7
8
9 **Third Allegation: Staff did not notify authorized representative of change in residents condition.**
10 LPA Singh reviewed records and according to facility documentation facility staff did
11 inform authorized representative of change in condition. Five(5) out of Five(5)
12 residents stated that staff do notify any changes or meeting takes place at the facility
13 regarding the residents change of condition or any matter related to the residents
14 well being.
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16
17 **Fourth Allegation: Staff did not maintain a completed care plan for resident.**
18 During the investigation, Licensing Program Analyst (LPA) Singh interviewed a Staff Nurse
19 regarding the care protocols for residents under hospice care. The Staff Nurse confirmed that
20 all hospice residents have a dedicated hospice care plan. Additionally, the facility maintains
21 the required 602A assessments and "Needs and Services" plans for these individuals. Staff
22 members ensure that the daily needs of all residents are consistently met and that these
23 actions are properly documented. LPA Singh conducted a specific review of **Resident #1's**
24 records, which verified that the daily needs of Resident #1 have been thoroughly
25 documented.
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27
28 Based on the information gathered, LPA Singh was not able to find sufficient evidence to
29 corroborate the allegations listed above.
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32 Based on the evidence found during the investigation, the allegations listed above are deemed
UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED means
although the allegation may have happened or are valid, there is not a preponderance of
evidence to prove the alleged violations did or did not occur. During today's visit, no
deficiencies were cited per Title 22, Division 6, of the California Code of Regulations.

An exit interview has been conducted and copy of this report has been provided to Executive
Director Jeff Gollihar.

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Beena Singh
LICENSING EVALUATOR SIGNATURE:

DATE: 03/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ DATE: 03/11/2026