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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361880646
Report Date: 06/15/2026
Date Signed: 06/15/2026 03:31:11 PM

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 **03/11/2026** and conducted by Evaluator Paola Guerrero

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260311100927

FACILITY NAME:	WHISPERING WINDS OF APPLE VALLEY ASSISTED LIVING			**FACILITY NUMBER:**	361880646
ADMINISTRATOR:	JEFFREY GOLLIHAR			**FACILITY TYPE:**	740
ADDRESS:	11825 APPLE VALLEY ROAD			**TELEPHONE:**	(760) 961-1212
CITY:	APPLE VALLEY	**STATE:** CA		**ZIP CODE:**	92308
CAPACITY:	116	**CENSUS:** 100		**DATE:**	06/15/2026
		UNANNOUNCED		**TIME BEGAN:**	12:45 PM
MET WITH:	Jeff Gollihar			**TIME COMPLETED:**	03:40 PM

ALLEGATION(S):

1	Staff did not provide proper food service to residents in care resulting in an illness
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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 Executive Director Jeff Gollihar and explained the purpose of the visit regarding the
3	allegations stated above.
4	
5	First allegation: Staff did not provide proper food service to residents in care resulting in illness.
6	Regarding the allegation stated above, LPA conducted interview with Staff #1 regarding the alleged
7	allegation Staff #1 informed LPA that on 3/9/2026, the facility reported to Community Care Licensing
8	about an epidemic outbreak in which eight (8) residents were experiencing symptoms such as diarrhea
9	and vomiting. Staff #1 informed LPA that the facility followed their infection control plan and contacted
10	Public Health Communicable Disease Department. Staff #1 informed LPA that this incident did not
11	pertain to the food that was being served at the facility. LPA conducted an interview with Resident #1-3
12	and all denied the allegation and informed LPA that they have no concerns regarding the food and that
13	they have not gotten sick due to their food service.

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Paola Guerrero
LICENSING EVALUATOR SIGNATURE:
DATE: 06/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/15/2026

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

Control Number 56-AS-20260311100927

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: WHISPERING WINDS OF APPLE VALLEY ASSISTED LIVING

FACILITY NUMBER: 361880646

VISIT DATE: 06/15/2026

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 Executive Director Jeff Gollihar.

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Paola Guerrero
LICENSING EVALUATOR SIGNATURE:
DATE: 06/15/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/15/2026