

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361880660

Report Date: 01/26/2023

Date Signed: 01/26/2023 02:38:05 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 , CA 92507
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/20/2023** and conducted by Evaluator Anna Bueno

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20230120084812
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FACILITY NAME: RIALTO ASSISTED LIVING	FACILITY NUMBER: 361880660
ADMINISTRATOR: KYONG SUK LEE	FACILITY TYPE: 740
ADDRESS: 1441 S RIVERSIDE AVE	TELEPHONE: (909) 877-2340
CITY: RIALTO	STATE: CA
CAPACITY: 94	ZIP CODE: 92376
MET WITH: Tae Kim - Administrator	CENSUS: UNANNOUNCED
	DATE: 01/26/2023
	TIME BEGAN: 12:54 PM
	TIME COMPLETED: 02:40 PM

ALLEGATION(S):

1	Staff do not prevent a resident from smoking in the facility.
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INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPAs) Anna Bueno and Michelle Echeverria conducted an unannounced
2	visit to the facility to initiate the complaint investigation and deliver findings on the above allegation. LPAs
3	met with administrator Tae Kim who was informed of today's visit. The investigation consisted of physical
4	observations of the facility, interviews with relevant parties, and review relevant records.
5	
6	The allegation is Staff do not prevent a resident from smoking in the facility. LPAs reviewed a copy of a
7	written warning issued to Resident 1 (R1). Resident interviews revealed that the facility has a policy for
8	no smoking inside the building. Furthermore, Resident 2 (R2) interview disclosed that staff quietly and
9	individually spoke to residents who smoke tobacco about the facility house rules. LPAs observed R1
10	smoking in their outdoor patio with their door partially open. LPAs observed several "NO SMOKING"
11	postings inside and outside the facility and LPAs did not smell tobacco in the building. This allegation is
12	therefore UNSUBSTANTIATED.
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	A finding of unsubstantiated means 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 with marketing director Rosalie Arreola and a copy of this report was provided.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown

NAME OF LICENSING PROGRAM ANALYST: Anna Bueno

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/26/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/26/2023

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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