

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361880786
Report Date: 10/29/2025
Date Signed: 10/29/2025 02:35:51 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/13/2021** and conducted by Evaluator Yolanda Delgado

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20210713153425
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FACILITY NAME: SOMERFORD PLACE-REDLANDS	FACILITY NUMBER: 361880786
ADMINISTRATOR: TURNER, DANICA J	FACILITY TYPE: 740
ADDRESS: 1319 BROOKSIDE AVENUE	TELEPHONE: (909) 793-9500
CITY: REDLANDS	STATE: CA
CAPACITY: 75	ZIP CODE: 92373
	CENSUS: 47
	DATE: 10/29/2025
MET WITH: Rachelle Wheaton, Administrator & Jonathan Guzman, Business Office Manager	UNANNOUNCED TIME BEGAN: 01:20 PM
	TIME COMPLETED: 02:45 PM

ALLEGATION(S):

1	Staff neglect resulted in resident death
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Yolanda Delgado, arrived unannounced to conclude a complaint
2	investigation into the allegation of staff neglect resulted in resident death. LPA met with Administrator,
3	Rachelle Wheaton and discussed the purpose of the visit. Rachelle had to excuse herself due to a prior
4	engagement, Business Office Manager, Jonathan Guzman met with LPA. Rachelle returned during the
5	discussion of the report. During the investigation, interviews were conducted with facility staff and
6	residents and records were obtained and reviewed.
7	
8	On July 10, 2021, Community Care Licensing received a complaint alleging staff's neglect resulted in
9	resident's death. It was reported R1 was at the facility having lunch in the dining room when R1 started
10	choking. Based on the review of the Ambulance Billing Report (ABR) dated July 10, 2021, facility staff
11	called emergency services at 12:08 pm and emergency services personnel arrived at 12:12 pm. The
12	ABR report indicates under Dispatch Information, the "Complaint at Disp:" is listed as choking.
13	Emergency Services Personnel was at patient's side at 12:14 pm and "immediately began HQ CPR". (Continued on Page 2)

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/29/2025

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 18-AS-20210713153425

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office,
, CA

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: SOMERFORD PLACE-REDLANDS

FACILITY NUMBER: 361880786

VISIT DATE: 10/29/2025

NARRATIVE

1 (Continued from Page 1)

2
3 HQ CPR is abbreviated for high-quality cardiopulmonary resuscitation. Fire medical services observed
4 that R1's passageway was obstructed with food and removed the food with forceps. R1 began to have a
5 pulse. R1 was transported to the hospital for further evaluation and care. Based on hospital records
6 dated July 10, 2021, medical personnel advised R1's responsible party that R1 was "developing post
7 hypoxic myoclonic epilepsy activity in the setting of approximately 15 minutes downtime without
8 adequate brain oxygenation leading to likely permanent anoxic brain injury". Hospital records dated July
9 12, 2021, reveal at 1740 hours, medical personnel were called to R1's room due to R1 was "without
10 heart rate or breathing. Pupils fixed no spontaneous heart rate no spontaneous breathing time of death
11 1740 hours cause of death anoxic brain injury from cardiac arrest from choking."
12

13 Information obtained from interviews revealed the following: a staff witness revealed they heard R1
14 coughing and gave R1 a cup of water. R1 continued to cough. The staff indicated R1 was asked if they
15 were okay and R1 responded with their hands in a motion perceived by the staff to indicate that R1 was
16 okay. Due to R1's continued coughing, the staff called for Med Tech Rita Ortiz. Ortiz responded within 5
17 minutes, asking R1 if they were okay, to which R1 responded using the same hand motions. Ortiz then
18 instructed the staff to stay with R1 while Ortiz left the area to call 911. It was reported Ortiz did not return
19 to the common lunchroom until emergency services personnel arrived at the facility. Ortiz was
20 interviewed and reported she received a call from another staff. Ortiz responded to the common
21 lunchroom in less than one minute to assess R1. Ortiz reports R1 took a sip of water and motioned with
22 their hands that they were okay. The staff pointed out R1 was gurgling. Ortiz instructed this staff to stay
23 with R1 while she called 911. Ortiz contacted 911 and then started paperwork in preparation for
24 emergency services personnel to arrive. Ortiz reports she did not think R1 was choking because R1
25 took a sip of water. Ortiz reports she observed R1's face to change color but R1 was still breathing. Ortiz
26 further reports she did not think R1 required cardiopulmonary resuscitation (CPR) because R1 was
27 breathing and conscious. Ortiz reports that when she called 911, she reported R1 was conscious but
28 was not feeling well. This contradicts the ABR which indicates the call came in as choking. Ortiz reports
29 the 911 operator instructed her to call back if anything changed and to have someone watch R1. Ortiz
30 explained the other staff was already with R1 at the time. The staff who was left to watch R1 was hired
31 on May 20, 2021. The staff reported they had not yet had CPR or first aid training at the time of the
32 incident.

(Continued on Page 3)

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/29/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA
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FACILITY NAME: SOMERFORD PLACE-REDLANDS **FACILITY NUMBER:** 361880786
VISIT DATE: 10/29/2025

NARRATIVE	
1	(Continued from Page 2)
2	
3	Death certificate dated September 3, 2021, revealed immediate cause of death is anoxic
4	encephalopathy and obstruction of the airway by food. Interviews confirmed staff did not perform first aid
5	to R1 during the choking incident. R1 exhibited signs such as coughing, turning color and gurgling. R1's
6	presence in the lunchroom along with the fact they were eating at the time of the incident further
7	indicates first aid was needed. According to mayoclinic.org, choking is a life-threatening emergency
8	because it cuts off oxygen to the brain, and therefore, first aid (abdominal thrust) should be performed
9	immediately.
10	
11	The allegation that staff neglect resulted in R1's death is substantiated. The preponderance of evidence
12	standard has been met. The facility will be cited for violation of California Code of Regulations, Title 22,
13	Division 6, Chapter 8, Sections 87468.2(a)(8) and 87411(a). This poses a health and safety risk to
14	clients in care.
15	
16	A substantiated finding means that the allegation is valid because the preponderance of evidence
17	standard has been met. In addition, this violation posed an immediate Health and Safety risk to
18	resident(s) in care. An Immediate Civil Penalty of \$500 is being assessed. The licensee was also
19	informed that a civil penalty may be assessed based on Health and Safety Code § 1569.49.
20	
21	An exit interview was conducted, a copy of this report, along with the 9099-D, Civil Penalties and appeal
22	rights were provided to Administrator Rachelle Wheaton and Business Office Manager Jonathan
23	Guzman.
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NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/29/2025
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/29/2025
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA
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FACILITY NAME: SOMERFORD PLACE-REDLANDS **FACILITY NUMBER:** 361880786
VISIT DATE: 10/29/2025

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 10/30/2025	1	87468.2(a)(8) Additional Personal	1	Licensee will ensure that all care
	2	Rights of Residents in Privately	2	staff/med tech in the care department

Section Cited HSC 87468.2(a)(8)	3 Operated Facilities 4 (a) In addition to the rights listed in 5 Section 87468.1, Personal Rights of 6 Residents in All Facilities, residents in 7 privately operated residential care facilities for the elderly shall have all of	3 will be CPR/First Aid training as well as 4 in-services training with all staff. 5 Licensee will email copies of the current 6 care staff CPR/First Aid training with in- 7 service training to LPA by POC due date.
	the following personal rights: (8) To be free from neglect, financial 8 exploitation, involuntary seclusion, 9 punishment, humiliation, intimidation, 10 and verbal, mental, physical, or sexual 11 abuse. This requirement was not met 12 as evidenced by: Based on interviews 13 and records reviewed staff neglect 14 resulted in R1's death. This poses a potential health, safety, or personal rights risk to residents in care.	
Type B 11/05/2025 Section Cited CCR 87411(a)	1 Personnel Requirements: General 2 Facility personnel shall at all times be 3 sufficient in numbers, and competent to 4 provide the services necessary to meet 5 resident needs. This requirement was 6 not met as evidenced by: 7	1 Licensee confirmed S1 is no longer an 2 employee. Licensee will ensure in- 3 service on the requirements and 4 expectation of their duties while on 5 duty, will email copies to LPA by POC 6 due date. 7
	8 based on interviews and records 9 reviewed S1 failed to demonstrate 10 competency when she did not perform 11 first aid. This poses a potential health, 12 safety, or personal rights risk to 13 residents in care. 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 10/29/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 10/29/2025