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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361880964
Report Date: 06/01/2026
Date Signed: 06/01/2026 02:32:02 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/26/2026** and conducted by Evaluator Javier Prieto

PUBLIC	**COMPLAINT CONTROL NUMBER:** 56-AS-20260526130412

FACILITY NAME:	CADENCE AT RANCHO CUCAMONGA			**FACILITY NUMBER:**	361880964
ADMINISTRATOR:	CYNTHIA FIGUEROA			**FACILITY TYPE:**	740
ADDRESS:	10459 CHURCH STREET			**TELEPHONE:**	(909) 918-5546
CITY:	RANCHO CUCAMONGA	**STATE:** CA		**ZIP CODE:**	91730
CAPACITY:	117	**CENSUS:** 114		**DATE:**	06/01/2026
		UNANNOUNCED		**TIME BEGAN:**	10:15 AM
MET WITH:	Ashley Willett, Executive Director			**TIME COMPLETED:**	02:40 PM

ALLEGATION(S):

1	Staff forced resident to remain seated in a wheelchair
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Javier Prieto arrived to the facility to conduct a complaint investigation
2	regarding the above allegation. LPA Prieto met with Executive Director Willett and explained the
3	elements of the complaint.
4	
5	Allegation #1 - LPA interviewed resident #1 (R1), in question, at the facility. R1 was in a wheelchair at the
6	time of interview and without restraints to that wheelchair. R1 states that she can, and is able to, walk
7	throughout the ward on her own as she wants to. R1 was asked if staff confine her to the wheelchair.
8	R1stated they do not.
9	
10	LPA interviewed Executive Director (S1) who stated that R1 is assessed as a fall risk and is ambulatory,
11	but does require moderate assistance by staff when walking throughout the facility. S1 states R1 has
12	moderate assistance with toileting and grooming and independent in other task such as meal
13	consumption. LPA tour outside courtyard to see that it was free from any obstructions that would cause
	interference with

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Javier Prieto
LICENSING EVALUATOR SIGNATURE:
DATE: 06/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/01/2026

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

Control Number 56-AS-20260526130412

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27
, CA 92507

FACILITY NAME: CADENCE AT RANCHO CUCAMONGA **FACILITY NUMBER:** 361880964
VISIT DATE: 06/01/2026

NARRATIVE

a resident's mobility that would cause a possible fall. LPA toured the ward's corridors and found them to be free from onstructions. LPA asked S1 if R1 has ever been restrained to her wheelchair to keep her from possible falls. S1 stated that R1 has not. LPA asked S1 if she instructed staff at the Memory Ward to have R1 remain in her wheelchair for the fear of falling. S1 stated that she has not.

LPA interviewed Memory Care Director (S2) regarding the assessment of R1. S2 produced her latest assessment indicating R1 is a fall risk and requires with moderate assistance toileting and bathing. LPA asked if the wheelchair that R1 uses is required for mobility. S2 stated that R1 was recently placed on Hospice and the chair was issued by the Hospice agency, but is not required for total mobility. S2 states that R1 is independent with her mobility, but staff assist by walking beside R1. LPA asked S2 if she has forced R1, or asked staff, to have R1 sit in her wheelchair restricting her from walking? S2 states no.

Based on the information obtained there is not enough evidence that staff forced resident to remain seated in a wheelchair. Therefore, the allegation is deemed UNSUBSTANTIATED at this time. This report was signed by LPA Prieto and Executive Director Willet and a copy was with the facility.

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Javier Prieto
LICENSING EVALUATOR SIGNATURE:
DATE: 06/01/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/01/2026