

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361881019

Report Date: 03/19/2026

Date Signed: 03/19/2026 12:32:09 PM

Substantiated

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 03/03/2026 and conducted by Evaluator Andrew Martinez

	COMPLAINT CONTROL NUMBER: 56-AS-20260303154622
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FACILITY NAME: WILDWOOD CANYON VILLA	FACILITY NUMBER: 361881019
ADMINISTRATOR: BARRERA, WENDY	FACILITY TYPE: 740
ADDRESS: 33951 COLORADO ST	TELEPHONE: (909) 446-0405
CITY: YUCAIPA	ZIP CODE: 92399
CAPACITY: 130	DATE: 03/19/2026
MET WITH: Administrator Wendy Barrera	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 12:40 PM

ALLEGATION(S):

1	Staff are not allowing resident to use motorized wheelchair.
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INVESTIGATION FINDINGS:

1	On March 19, 2026, Licensing Program Analysts (LPAs) Andrew Martinez and Edith Conchas conducted
2	a subsequent unannounced visit to the facility to continue the investigation of the above-mentioned
3	complaint allegation and deliver findings. LPAs were greeted by Business Service Director, Pricilla
4	Vazquez, indicating the reason for the visit and met with Administrator Wendy Barrera. Today's
5	investigation consisted of additional interviewing and further records review.
6	
7	The allegation is that staff are not allowing resident to use motorized wheelchair. Interviews with Staff 1
8	(S1) and Staff 2 (S2) indicate that resident's (R1) operation of their own motorized wheelchair in the
9	facility began posing a safety concern to self, residents and staff. Based on record review, LPA did not
10	observe staff notes or unusual incident reports of occurrence or of safety concerns reported. Interview
11	with Witness (W1) indicated they were made aware of the facilities concerns and agreed that the
12	equipment should be removed from R1's usage due to safety concern of the residents in care. However,
13	based on record review, LPA did not observe any documentation stating R1 is not mentally competent to
	make their own medical decisions.

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Andrew Martinez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2026

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 3

Control Number 56-AS-20260303154622

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: WILDWOOD CANYON VILLA

FACILITY NUMBER: 361881019

VISIT DATE: 03/19/2026

NARRATIVE

1 Documented in R1's most recent in-house wellness appraisal, dated 01/08/2026, it is indicated that a
2 wheelchair is used as an ambulation aid and states "[resident] will use the wheelchair when the scooter
3 needs charging." Continuing in the wellness appraisal, under sections titled Cognitive Function, Safety
4 Needs, and Psychosocial, there are no selections indicating that R1 displays cognitive impairment or
5 behavioral issues that pose a safety risk to themselves or other residents in care. R1's last Medical
6 Assessment for RCFE LIC 602A, dated 07/21/2025, indicates R1 does not have any cognitive
7 conditions or any other medical conditions, but requires assistive devices ("wheelchair/walker") for motor
8 impairment, and can manage own treatment/medication/equipment.

9
10 Based on LPA's interviews and record review on the allegation, staff are not allowing resident to use
11 motorized wheelchair, the allegation is SUBSTANTIATED. A find that is that the complaint is
12 substantiated means that the preponderance of evidence standard has been met. A deficiency per the
13 California Code of Regulations (CCR), Title 22, Division 6, Chapter 8, is being cited on the attached LIC
14 9099D for this allegation.

15
16 An exit interview was conducted to discuss the findings of this Complaint Investigation Report. A copy of
17 this report LIC 9099, LIC 9099C, LIC 9099D, and Appeal Rights were provided and discussed with
18 Administrator Barrera whose signature on this form confirms receipt of stated documents.
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SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Andrew Martinez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/19/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 56-AS-20260303154622

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BERNARDINO ASC, 1650 SPRUCE ST STE

**COMPLAINT INVESTIGATION REPORT
(Cont)**

200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: WILDWOOD CANYON VILLA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 361881019
VISIT DATE: 03/19/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/20/2026 Section Cited CCR 87468.2(a)(27)	1 87468.2(a) In addition to the rights 2 listed in Section 87468.1... residents... 3 shall have all of the following personal 4 rights: (27) To keep, have access to, 5 and use their own personal 6 possessions... unless limited by statute 7 or regulation. This requirement was not being met as evidenced by:	1 Administrator will locate R1s motorized 2 wheelchair and return it to R1 with 3 confirmation of compliance via email to 4 LPA by POC due date. 5 6 7
	8 Based on interviews and record review, 9 facility staff are not allowing resident to 10 use motorized wheelchair which poses 11 an immediate risk to the health safety 12 and personal rights of resident in care. 13 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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

SUPERVISORS NAME: Karen Clemons	
LICENSING EVALUATOR NAME: Andrew Martinez	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/19/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/19/2026