

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 361881019  
Report Date: 10/11/2021  
Date Signed: 02/16/2022 10:30:24 AM

**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 RIVERSIDE, CA 92507
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/13/2021** and conducted by Evaluator Melody Brown

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 18-AS-20210913125516</b>
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<b>FACILITY NAME:</b> WILDWOOD CANYON VILLA	<b>FACILITY NUMBER:</b> 361881019
<b>ADMINISTRATOR:</b> OSORIO, JULIUS	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 33951 COLORADO ST	<b>TELEPHONE:</b> (909) 446-0405
<b>CITY:</b> YUCAIPA	<b>STATE:</b> CA <b>ZIP CODE:</b> 92399
<b>CAPACITY:</b> 130	<b>CENSUS:</b> 64 <b>DATE:</b> 10/11/2021
<b>MET WITH:</b> Julius Osorio	<b>UNANNOUNCED TIME BEGAN:</b> 10:45 AM
	<b>TIME COMPLETED:</b> 02:15 PM

### ALLEGATION(S):

1	Staff are not assisting resident with incontinence needs.
2	Staff are not ensuring resident has clean linens.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Melody Brown conducted an unannounced visit to the facility to
2	commence a complaint investigation. LPA Brown identified herself and discussed the purpose of the visit
3	and the elements of the allegation(s) with Administrator Julius Osorio.
4	
5	The investigation was conducted by LPA Melody Brown. The investigation consisted of records review
6	and interviews with relevant parties. The first allegation indicates that staff are not assisting resident with
7	incontinence needs. During the investigation, LPA Brown did not find evidence to corroborate the
8	allegation. Records review and interview with Resident 1-11 and Staff 1-11 indicated that staff are
9	assisting residents with their incontinence needs. Investigation also revealed that staff checks each
10	resident every two (2) hours or more if needed to make sure they are assisting with their residents'
11	incontinence needs.
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**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Efren Malagon  
**NAME OF LICENSING PROGRAM ANALYST:** Melody Brown  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 10/11/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/11/2021

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-20210913125516

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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** WILDWOOD CANYON VILLA

**FACILITY NUMBER:** 361881019

**VISIT DATE:** 10/11/2021

### NARRATIVE

1 The second allegation indicates that staff are not ensuring resident has clean linens. LPA Brown did not  
2 obtain evidence to corroborate the allegation. Interview with Resident 1-11 and Staff 1-11 and records  
3 review indicated that residents' bed linens were changed once per week by housekeeping and if  
4 residents soiled their bed, caregivers changed the bed linens immediately and then washed it  
5 afterwards.  
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7 Based on the evidence, the allegations that staff are not assisting resident with incontinence needs and  
8 staff not ensuring resident has clean linens are UNSUBSTANTIATED. A finding that the complaint is  
9 UNSUBSTANTIATED means although the allegation may have happened or is valid, there is not a  
10 preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is  
11 unsubstantiated at this time.  
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**NAME OF LICENSING PROGRAM MANAGER:** Efren Malagon  
**NAME OF LICENSING PROGRAM ANALYST:** Melody Brown  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 10/11/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/11/2021

LIC9099 (FAS) - (06/04)

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