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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361881134
Report Date: 05/22/2025
Date Signed: 05/22/2025 10:59:34 AM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/27/2023** and conducted by Evaluator Sarina Ramirez

	COMPLAINT CONTROL NUMBER: 56-AS-20230927162154

FACILITY NAME:	ALLARA SENIOR LIVING			**FACILITY NUMBER:**	361881134
ADMINISTRATOR:	HEFNER, LEEANN			**FACILITY TYPE:**	740
ADDRESS:	9417 19TH STREET			**TELEPHONE:**	(909) 736-1900
CITY:	RANCHO CUCAMONGA	**STATE:** CA		**ZIP CODE:**	91701
CAPACITY:	120	**CENSUS:** 89		**DATE:**	05/22/2025
		UNANNOUNCED		**TIME BEGAN:**	08:50 AM
MET WITH:	Administrator Matt Ryan			**TIME COMPLETED:**	11:15 AM

ALLEGATION(S):

1	Staff handles resident in a rough manner.
2	Staff did not provide 60-day notice prior to rent increase.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sarina Ramirez conducted an unannounced visit to deliver findings on
2	the allegations mentioned. LPA met with Administrator Matt Ryan and explained the purpose of the visit.
3	The investigation consisted of interviews with facility staff, outside parties, resident and records review.
4	
5	Regarding allegation staff handles resident in a rough manner, The evidence collected was insufficient to
6	substantiate the allegation. Photographs taken by outside parties over time documented various bruises
7	and scratch marks on R1's arms and legs. According to care staff, R1 often sustained these injuries due
8	to the way they moved around in their wheelchair and swinging arms behind it. Care staff reported that
9	R1's arms and legs sometimes got caught on their wheelchair, requiring assistance, and these incidents
10	often led to marks and bruises. R1 stated they received good care at the facility and that everyone
11	treated them well. R1 mentioned that all the marks on them were accidental and denied being hit by
12	anyone.
13	

Unsubstantiated	Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Sarina Ramirez
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 05/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/22/2025

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

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

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TELEPHONE: (909) 736-1900
CITY: RANCHO CUCAMONGA
STATE: CA
ZIP CODE: 91701
CAPACITY: 120
CENSUS: 89
DATE: 05/22/2025
UNANNOUNCED
TIME BEGAN: 08:50 AM
MET WITH: Administrator Matt Ryan
TIME COMPLETED: 11:15 AM

ALLEGATION(S):

1	Staff lost balance causing resident to fall sustaining a fracture.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sarina Ramirez conducted an unannounced visit to deliver findings on
2	the allegations mentioned. LPA met with Administrator Matt Ryan and explained the purpose of the visit.
3	The investigation consisted of interviews with facility staff, outside parties, resident and records review.
4	
5	The investigation was conducted by Department staff the evidence collected revealed that on the
6	morning of January 6, 2023, Resident 1 (R1) was complaining of chest pain while in bed. This was
7	documented on an internal incident report at the facility. An interview with a former caregiver, stated that
8	911 was called and R1 was taken to the hospital however there is no follow-up documentation as to
9	where R1 was taken, what was diagnosed, and a description of the events leading to R1's chest pain.
10	Progress notes at the facility documented on the evening of 1/6/2023, documented that R1 was taken to
11	urgent care by a family member earlier in the day. When R1 returned, the executive director was notified
12	that R1 had multiple fractures of ribs, left side.
13	

Substantiated	Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Sarina Ramirez
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 05/22/2025

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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/22/2025

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

FACILITY NAME: ALLARA SENIOR LIVING **FACILITY NUMBER:** 361881134
VISIT DATE: 05/22/2025

	NARRATIVE
1	There is no documentation of a fall or incident prior to 1/6/2023. Interviews with former facility staff recall
2	an incident around that date in which R1 may have fallen while being assisted by a staff person. An
3	interview with R1 reported that a caregiver was assisting them and stated that the caregiver was unable
4	to support R1 properly, leading to the fall. R1 fell on the wheelchair hitting the side of their body on the
5	arm rest and fractured the ribs. R1 reported being in pain and called a family member to seek medical
6	treatment. The lack of documentation shows that the facility staff neglected to get R1 medical care in a
7	timely manner. The facility did not document the incident, provide timely medical care, nor
8	communicated the incident to R1's family.
9	
10	The Licensee is cited per violation of Title 22, California Code of Regulations. In addition, this violation
11	posed an immediate Health and Safety risk to resident(s) in care. An Immediate Civil Penalty of $500 is
12	being assessed. The licensee was also informed that an additional civil penalty may be assessed based
13	on Health and Safety Code § 1569.49.
14	
15	The above allegation(s) is found to be SUBSTANTIATED. A deficiency is being issued per California
16	Code of Regulations, Title 22. A substantiated finding means that the allegation is valid because the
17	preponderance of evidence standard has been met.
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19	An exit interview was conducted where this report (LIC 9099), LIC 9099D, LIC 421IM was discussed,
20	and a copy was provided, along with a copy of the appeal rights to Administrator Matt Ryan
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
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LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 05/22/2025

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FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 05/22/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

FACILITY NAME: ALLARA SENIOR LIVING **FACILITY NUMBER:** 361881134
VISIT DATE: 05/22/2025

DEFICIENCY INFORMATION FOR THIS PAGE:

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 06/07/2025 **Section Cited** CCR 87468.2(a)(4)	1 2 3 4 5 6 7	87468.2 (a) (4) Additional Personal Rights of Residents in Privately Operated Facilities:(a)(a) In addition to the rights listed in Section 87468.1, Personal Rights of Residents in All Facilities, residents in privately operated residential care facilities for the elderly shall have all of the following personal rights: (4) To care, supervision, and services that meet their individual needs and are delivered by staff that are sufficient in numbers, qualifications, and competency to meet their needs.	1 2 3 4 5 6 7	The licensee shall conduct in-service training to all staff in regard to the residents' personal rights. Proof will be submitted to the Department by POC due date
	8 9 10 11 12 13 14	This requirement is not met as evidenced by: Based on interviews conducted and record review, while facility staff assisted R1, staff lost balance and caused R1 to sustain injuries. This violation posed a potential health and safety risk to residents in care.	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.

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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
SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: ALLARA SENIOR LIVING **FACILITY NUMBER:** 361881134
VISIT DATE: 05/22/2025

NARRATIVE	
1 2 3 4 5	Regarding the allegation that staff did not provide a 60-day notice prior to the rent increase, interviews with facility staff indicated that rent increases occurs every year on April 1st. However, R1's rent was increased in the month of October, however the increase was due to the level of care being increased from a Level 7 to a Level 8. Per the admission agreement the increase of care is effective immediately.

6	Therefore, the alleged allegations has been determined Unsubstantiated. Unsubstantiated; meaning that
7	although the allegation may have happened or is valid, there is not a preponderance of evidence to
8	prove the alleged violations did or did not occur. An exit interview was conducted where this report (LIC
9	9099) was discussed, and a copy was provided to Administrator Matt Ryan.
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