

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

**COMPLAINT INVESTIGATION REPORT**

Facility Number: 361881151

Report Date: 10/15/2025

Date Signed: 10/15/2025 03:51:49 PM

**Unsubstantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/14/2025** and conducted by Evaluator Eldin Serrano

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 56-AS-20250214093747</b>
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<b>FACILITY NAME:</b> HACIENDA LIVING	<b>FACILITY NUMBER:</b> 361881151
<b>ADMINISTRATOR:</b> VELAZQUEZ, RAUL	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 11412 TELEPHONE AVE	<b>TELEPHONE:</b> (213) 440-4823
<b>CITY:</b> CHINO	<b>ZIP CODE:</b> 91710
<b>CAPACITY:</b> 6	<b>DATE:</b> 10/15/2025
<b>MET WITH:</b> Vilma Reyes, Caregiver	<b>UNANNOUNCED TIME BEGAN:</b> 03:30 PM
	<b>TIME COMPLETED:</b> 04:00 PM

**ALLEGATION(S):**

1	Licensee refuse to return resident medication unless rent was paid
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**INVESTIGATION FINDINGS:**

1	On 10/15/2025 at 3:30 PM, Licensing Program Analysts (LPAs) Eldin Serrano and Magda Malcore made an unannounced visit to the facility to investigate and deliver the findings on the above allegations. LPAs met with caregiver Vilma Reyes to explain the purpose of the visit. The investigation consisted of interviews with facility staff and relevant parties.
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6	Based on interviews with facility staff, witnesses, and outside parties, there is no evidence to support the allegation that the licensee withheld resident #1 (R1's) medication pending rent payment. According to interviews, R1's responsible party arrived at the facility on January 6, 2025, to take R1 on a vacation and collected R1's personal belongings, including medications. All medications were retrieved at that time except for one bottle, which was subsequently provided to R1's responsible party on January 8, 2025.
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11	The licensee denied the allegation, and no witnesses corroborated claims of R1's medication being withheld due to unpaid rent.
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13	*****continue on LIC9099C*****

SUPERVISORS NAME: Karen Clemons  
LICENSING EVALUATOR NAME: Eldin Serrano  
LICENSING EVALUATOR SIGNATURE:

DATE: 10/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/15/2025

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 56-AS-20250214093747

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: HACIENDA LIVING

FACILITY NUMBER: 361881151

VISIT DATE: 10/15/2025

#### NARRATIVE

1 Based on the interviews conducted, the allegation mentioned above is Unsubstantiated. A finding that  
 2 the complaint is Unsubstantiated means although the allegation may have happened or is valid, there is  
 3 not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the  
 4 allegation is unsubstantiated.  
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 6 An exit interview was conducted where this report, LIC9099 and LIC9099C were discussed and  
 7 provided to the caregiver Vilma Reyes.  
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SUPERVISORS NAME: Karen Clemons  
LICENSING EVALUATOR NAME: Eldin Serrano  
LICENSING EVALUATOR SIGNATURE:

DATE: 10/15/2025

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DATE: 10/15/2025