

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361881183
Report Date: 08/20/2026
Date Signed: 08/20/2026 02:36:32 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/18/2026** and conducted by Evaluator Renese Howell-Small

	COMPLAINT CONTROL NUMBER: 56-AS-20260618155138	
FACILITY NAME:	MIRIAM'S HOMECARE	FACILITY NUMBER: 361881183
ADMINISTRATOR:	GAD, ENRICO	FACILITY TYPE: 740
ADDRESS:	1635 HAMPSHIRE RD	TELEPHONE: (818) 912-0178
CITY:	SAN BERNARDINO	ZIP CODE: 92404
CAPACITY:	6	DATE: 08/20/2026
	STATE: CA	UNANNOUNCED TIME BEGAN: 01:20 PM
	CENSUS: 2	TIME COMPLETED: 02:40 PM
MET WITH:	Staff, Miriam Nauseda	

ALLEGATION(S):

1	Staff handles resident in a rough manner
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INVESTIGATION FINDINGS:

1	On 08/20/2026 Licensing Program Analyst (LPA) Renese Howell-Small arrived unannounced to the
2	facility in order to deliver findings for the above allegation. LPA observed one (1) resident in care and one
3	(1) resident was out of the facility.
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5	The allegation that staff handles resident in a rough manner:
6	LPA interviewed two (2) residents and two (2) staff. Staff denied the allegation and stated that they assist
7	the residents with what they need. Resident 1 (R1) is able to express their needs and communicate. R1
8	stated that they are treated well by staff. Resident 2 (R2) stated that staff take good care of the residents.
9	LPA reviewed staff records which revealed that certifications and trainings were current. LPA reviewed
10	the required documents for R1 and found the files to be complete. Based on interview and record review,
11	this allegation is UNSUBSTANTIATED.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Nedra Brown	
LICENSING EVALUATOR NAME: Renese Howell-Small	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/20/2026

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 2
Control Number 56-AS-20260618155138

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: MIRIAM'S HOMECARE	FACILITY NUMBER: 361881183
	VISIT DATE: 08/20/2026

NARRATIVE	
1	UNSUBSTANTIATED is defined as the allegation may have happened or is valid, but there is not a
2	preponderance of the evidence to prove that the alleged violation occurred.
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4	An exit interview was conducted where this report LIC9099 and LIC9099C was discussed and a copy
5	was provided to staff, Miriam Nauseda.
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