

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 365530074
Report Date: 01/30/2026
Date Signed: 01/30/2026 02:56:18 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 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 01/28/2026 and conducted by Evaluator Magda Malcore

	COMPLAINT CONTROL NUMBER: 56-AS-20260128125356
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FACILITY NAME:	ALOHA SENIOR LIVING LLC	FACILITY NUMBER:	365530074
ADMINISTRATOR:	HAMILTON, CAROL KANANI	FACILITY TYPE:	740
ADDRESS:	8880 TANGERINE AVENUE	TELEPHONE:	(714) 323-8445
CITY:	HESPERIA	ZIP CODE:	92345
CAPACITY:	4	DATE:	01/30/2026
	STATE: CA	TIME BEGAN:	11:30 AM
	CENSUS: 4	TIME	03:00 PM
	UNANNOUNCED	COMPLETED:	
MET WITH:	Carol Kanani Hamilton		

ALLEGATION(S):

1	Licensee does not ensure that staff are adequately trained
2	Licensee is operating beyond the scope of their license
3	Staff are mismanaging residents' medications
4	Staff are restraining residents in care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Magda Malcore made an unannounced visit to the facility to conduct a
2	complaint investigation on the above allegations. LPA met with Licensee, Carol Kanani Hamilton who
3	was informed of today's visit. The investigation consisted of LPA observations, reviewing pertinent
4	records, and interviews with relevant parties.
5	
6	Regarding the allegation, Licensee does not ensure that staff are adequately trained, there is not enough
7	evidence to corroborate this allegation. Review of staff training records, interviews with the Licensee and
8	four (4) staff indicate that staff have received adequate training in their job duties.
9	
10	Regarding the allegation, Licensee is operating beyond the scope of their license, it was alleged that the
11	facility did not have proper insurance and staff are administering suppositories, enemas, and injection
12	medications to residents in care. LPA observed that the licensee maintains a current and proper liability
13	insurance.
	continued on LIC9099C*

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Karen Clemons	
LICENSING EVALUATOR NAME: Magda Malcore	
LICENSING EVALUATOR SIGNATURE:	DATE: 01/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/30/2026

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-20260128125356

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ALOHA SENIOR LIVING LLC	FACILITY NUMBER: 365530074
	VISIT DATE: 01/30/2026

NARRATIVE	
1	LPA's record review, interviews with the Licensee, four (4) staff, resident, and outside
2	parties indicate not enough evidence to corroborate that staff are administering
3	suppositories, enemas, and injection medications to residents in care.
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6	Regarding the allegation, staff are mismanaging residents' medications, LPA's
7	review of resident medications and records do not indicate that staff are
8	mismanaging resident's medications. Interviews with the Licensee and four (4) staff
9	indicate that they are not mismanaging resident's medications. One resident (1)
10	interview indicates that staff are not mismanaging their medications. LPA was not
11	able to corroborate this allegation with three (3) other residents due to their cognitive
12	condition.
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15	Regarding the allegation, staff are restraining residents in care, interviews with the
16	Licensee and four (4) staff indicate that they do not restrain residents in care. One
17	resident (1) interview indicates that they are not restrained by staff. LPA was not able
18	to corroborate this allegation with three (3) other residents due to their cognitive
19	condition.
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22	Based on the Departments investigation, the above allegations mentioned in this
23	complaint are Unsubstantiated. A finding of Unsubstantiated means that although the
24	allegations may have happened or are valid, there is not a preponderance of
25	evidence to prove the alleged violations did or did not occur.
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28	An exit interview was conducted where this report was discussed and a copy with
29	appeal rights was provided to Licensee Hamilton at the conclusion of the visit.
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SUPERVISORS NAME: Karen Clemons	
LICENSING EVALUATOR NAME: Magda Malcore	
LICENSING EVALUATOR SIGNATURE:	DATE: 01/30/2026
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