

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 365530102
Report Date: 08/26/2025
Date Signed: 08/26/2025 02:06:06 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 **12/15/2023** and conducted by Evaluator Paola Guerrero

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20231215091035
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FACILITY NAME: LOTUS VILLA AND MEMORY CARE	FACILITY NUMBER: 365530102
ADMINISTRATOR: PARRA, REBECCA	FACILITY TYPE: 740
ADDRESS: 9448 CITRUS AVENUE	TELEPHONE: (909) 355-6887
CITY: FONTANA	STATE: CA
CAPACITY: 99	ZIP CODE: 92335
MET WITH: Heather O'Neel	CENSUS: 94
	DATE: 08/26/2025
	UNANNOUNCED TIME BEGAN: 09:55 AM
	TIME COMPLETED: 02:15 PM

ALLEGATION(S):

1	Staff did not follow up on resident's change of condition
2	Staff left resident in filthy clothes
3	Staff did not ensure resident in care was hydrated
4	Staff did not ensure resident in care was properly fed
5	Staff did not provide proper medication assistance to resident in care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Paola Guerrero conducted an unannounced visit to deliver findings on
2	the allegations listed above. LPA met with Facility Administrator Heather O'Neel and explained the
3	purpose of the visit. The investigation consisted of interviews, observation, and review of records.
4	
5	First allegation: Staff did not follow up on resident's change of condition. Regarding the allegation stated
6	above LPA conducted interviews with S#1, S#2, and S#3, who informed LPA that on 11/19/2023, facility
7	informed InnoVage clinic that Resident #1 was being transported to local hospital because R#1 was
8	weak and was not eating. LPA collected documentation pertaining to R#1 and LPA discovered that on
9	11/19/2023, R#1 was seen at a local hospital and diagnosed with UTI R#1, was discharged on the same
10	day. LPA observed that medication was set to be delivered to the facility per InnoVage orders. LPA
11	observed that R#1 completed antibiotics as indicated in addition, based on R#1 follow-up information
12	documentation indicated that R#1 is to return within 1-2 days if any problems or concerns. Based on
13	documentation no problems or concerns were listed after R#1 discharge.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Paola Guerrero
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2025

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 3

Control Number 56-AS-20231215091035

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 (Cont)

FACILITY NAME: LOTUS VILLA AND MEMORY CARE

FACILITY NUMBER: 365530102

VISIT DATE: 08/26/2025

NARRATIVE

- 1 Second allegation: Staff left resident in filthy clothes. Regarding the allegation listed above LPA
- 2 conducted interviews with Resident #2, Resident #3, R#4, and Resident #5, who informed LPA that
- 3 facility provides laundry services as part of their agreement. In addition, R#2-5 informed LPA of not
- 4 having any issues or concerns regarding laundry services. R#2-5 informed LPA that caregivers change
- 5 and dress residents twice a day (morning & night), and as needed in case resident might need a diaper
- 6 change or during an accident. LPA conducted a file review and observed that the facility provides
- 7 laundry services to residents as part of their basic services listed on their admission agreement. LPA
- 8 conducted interviews with Staff #1, S#2, and Staff #3, who informed LPA that facility provides laundry
- 9 services twice a week for all residents or as needed.
- 10 Third allegation: Staff did not ensure resident in care was hydrated. Regarding the allegation LPA
- 11 conducted interviews with Resident #2, Resident #3, Resident #4, and Resident #5 regarding the
- 12 allegation stated above and all residents informed LPA that facility provides and has water available to
- 13 all residents in care. In addition, resident #2-5, informed LPA that the facility has water dispensers
- 14 available throughout the facility. In addition, water is also provided to resident[s] upon residents' request.
- 15 LPA conducted interviews with Staff #1-3, regarding the allegation stated above, and staff #1-5 informed
- 16 LPA that there is a total of three (3), water stations available to residents and that water is also available
- 17 upon residents' request. Furthermore, Staff #1, S#2, and Staff #3, also informed LPA that pitchers of
- 18 water are provided, to assist residents when taking medication.
- 19
- 20 Fourth allegation: Staff did not ensure resident in care was properly fed. Regarding the allegation LPA
- 21 conducted interviews with Resident #2, Resident #3, Resident #4, and Resident #5 who informed LPA
- 22 that facility provides residents with breakfast, lunch, dinner, and in between snacks, R#2-5 also informed
- 23 LPA that the facility provide options from their optional menu incase the resident does not want to eat
- 24 what is being served. In addition, R#2-5 informed LPA that facility has a dining area where residents eat
- 25 however, caregivers will usually take residents food into resident's room incase resident is not in the
- 26 dining area. LPA conducted interviews with S#1, S#2, and S#3, LPA went over the allegation with staff
- 27 and S#1-3 informed LPA that all residents are provided three meals a day and food is typically provided
- 28 in the dining area or delivered to the resident depending on residents needs.
- 29
- 30 Fifth allegation: Staff did not provide proper medication assistance to resident in care: Regarding the
- 31 allegation stated above LPA conducted interviews with Staff #1, S#2, and Staff #3, who informed LPA
- 32 that on 11/19/2023 Resident #1 was transported to local hospital for further evaluation

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Paola Guerrero
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 56-AS-20231215091035

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** LOTUS VILLA AND MEMORY CARE**FACILITY NUMBER:** 365530102**VISIT DATE:** 08/26/2025**NARRATIVE**

1 regarding R#1 being weak and not eating. LPA requested for documentation pertaining to Resident #1
 2 during review of record LPA discovered that after R#1 discharge R#1 was prescribed Cephalexin (Keflex
 3 500 Mg) to take twice a day for five (5), days for UTI. Based on R#1 medication list R#1 completed
 4 treatment. In addition, during further record review LPA observed that resident was diagnosed with
 5 urinary tract infection, and weakness, no indication of dehydration was listed as a diagnosis for Resident
 6 #1. Based on corroborating evidence obtained during the course of the investigation, LPA has
 7 determined that the above allegation is Unsubstantiated.

8
 9 Unsubstantiated: meaning that 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.

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 12 An exit interview was conducted where this report (LIC 9099) was discussed, and a copy was provided
 13 to Facility Administrator Heather O'Neel at the end of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Efren Malagon**NAME OF LICENSING PROGRAM ANALYST:** Paola Guerrero**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 08/26/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/26/2025