

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 365530184
Report Date: 04/22/2026
Date Signed: 04/22/2026 01:52:02 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 03/23/2026 and conducted by Evaluator Renese Howell-Small

	COMPLAINT CONTROL NUMBER: 56-AS-20260323142957
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FACILITY NAME:	PACIFIC PINES ASSISTED LIVING FACILITY	FACILITY NUMBER:	365530184
ADMINISTRATOR:	ZAMORA, JOEL	FACILITY TYPE:	740
ADDRESS:	5850 N MANZANITA AVE	TELEPHONE:	(909) 794-2225
CITY:	ANGELUS OAKS	ZIP CODE:	92305
CAPACITY:	15	DATE:	04/22/2026
	STATE: CA	TIME BEGAN:	09:30 AM
	CENSUS: 13	TIME	02:00 PM
	UNANNOUNCED	COMPLETED:	
MET WITH:	Administrator, Doug Hicks		

ALLEGATION(S):

1	Facility did not provide water
2	Facility did not provide operable call lights
3	Staff are not CPR certified
4	Staff verbally abuse residents in care
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INVESTIGATION FINDINGS:

1	On 04/22/2026 at 9:30AM Licensing Program Analyst (LPA) Renese Howell-Small conducted an
2	unannounced visit to the facility in order to investigate and deliver findings for the above allegations. LPA
3	discussed the purpose of the visit with Administrator, Doug Hicks. The investigation consisted of
4	interviews, observation and record review.
5	
6	In regards to the allegation of facility did not provide water:
7	LPA interviewed four (4) staff and five (5) residents. LPA observed cups of water available in resident
8	rooms. LPA observed a water cooler in the main dining area with additional gallons of water in the pantry.
9	Staff denied the allegation and stated that water is always available. Residents stated that staff provide
10	water. Based on interviews and observation, this allegation is UNSUBSTANTIATED.
11	
12	In regards to the allegation of facility did not provide operable call lights:
13	LPA interviewed five (5) residents which stated that the call lights/buttons work. LPA observed call
	buttons

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Karen Clemons	
LICENSING EVALUATOR NAME: Renese Howell-Small	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/22/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/22/2026

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-20260323142957

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: PACIFIC PINES ASSISTED LIVING FACILITY	FACILITY NUMBER: 365530184
VISIT DATE: 04/22/2026	

NARRATIVE	
1	in resident rooms. LPA randomly tested call buttons and observed the signal alert staff in main dining
2	room area. Staff denied the allegation. LPA observed call buttons within reach for Resident 3 (R3) and
3	Resident 4 (R4). Based upon interviews and observation, this allegation is UNSUBSTANTIATED.
4	
5	In regards to the allegation that staff are not CPR certified:
6	LPA reviewed all current staff records which revealed valid CPR/First Aid certification and completed
7	health screenings with tuberculosis (Tb) test result for each staff. Based on observation, this allegation
8	is UNSUBSTANTIATED.
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10	In regards to the allegation that staff verbally abuse residents in care:
11	Four (4) out of five (5) residents interviewed stated that staff are nice and treat residents well. Staff
12	denied the allegation and stated that the residents are like family. Staff 3 (S3) stated that most of the
13	residents are asleep during their shift. Based on interview, this allegation is UNSUBSTANTIATED.
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15	UNSUBSTANTIATED is defined as the allegation may have happened or is valid, but there is not a
16	preponderance of the evidence to prove that the alleged violation(s) occurred.
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19	An exit interview was conducted where this report LIC9099, LIC9099C was discussed and a copy was
20	provided to the Administrator, Doug Hicks.
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SUPERVISORS NAME: Karen Clemons	
LICENSING EVALUATOR NAME: Renese Howell-Small	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/22/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/22/2026