

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 365530213
Report Date: 05/01/2026
Date Signed: 05/01/2026 03:52:24 PM

Substantiated

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 11/17/2025 and conducted by Evaluator Renese Howell-Small

	COMPLAINT CONTROL NUMBER: 56-AS-20251117144330
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FACILITY NAME:	VILLAS AT SAN BERNARDINO	FACILITY NUMBER:	365530213
ADMINISTRATOR:	CARLTON, KENYA	FACILITY TYPE:	740
ADDRESS:	2985 N G STREET	TELEPHONE:	(323) 475-1800
CITY:	SAN BERNARDINO	ZIP CODE:	92405
CAPACITY:	144	DATE:	05/01/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:30 AM
	CENSUS: 95	TIME COMPLETED:	04:00 PM
MET WITH:	Executive Director, Jacqueline Cortez		

ALLEGATION(S):

1	Resident developed a parasitic infection due to staff neglect.
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INVESTIGATION FINDINGS:

1	On 05/01/2026 at 9:30AM Licensing Program Analyst (LPA) Renese Howell-Small arrived unannounced
2	to the facility to conclude the investigation and deliver findings for the above allegation. LPA introduced
3	self and was greeted by staff. LPA met with Administrator, Yvette Navarro and Exective Director,
4	Jacqueline Cortez, and discussed the purpose of the visit. The investigation consisted on interviews and
5	record review.
6	
7	The allegation that resident developed a parasitic infection due to staff neglect:
8	LPA interviewed ten (10) staff. Staff stated that they observe any change in a resident's condition,
9	document it and report it to a supervisor. Resident 1 (R1) recieved wound care through a health agency
10	on a weekly basis. R1 last received care from the health agency on 11/12/2025. R1 was sent to the
11	hospital on 11/15/2025; the wound developed parasites. Based on interview and record review, this
12	allegation is SUBSTANTIATED.
13	
	SUBSTANTIATED is defined as the complaint allegation(s) is valid and a violation has occurred based on the preponderance of available evidence. A deficiency will be cited. An exit interview was conducted

where this report LIC9099, LIC9099D and Appeal Rights were discussed, and copies were provided to Executive Director, Jacqueline Cortez.

Substantiated

Estimated Days of Completion:

SUPERVISORS NAME: Karen Clemons

LICENSING EVALUATOR NAME: Renese Howell-Small

LICENSING EVALUATOR SIGNATURE:

DATE: 05/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/01/2026

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-20251117144330

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: VILLAS AT SAN BERNARDINO

FACILITY NUMBER: 365530213

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/01/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/02/2026 Section Cited HSC 1569.725(a)(4)	1 Incidental medical care 1569.725(a)(4) 2 A residential care facility for the elderly 3 may permit incidental medical services 4 ... (4) There is ongoing communication... 5 about the services provided... and the 6 frequency and duration of care to be 7 provided. This requirement was not met as evidenced by:	1 The Administrator will conduct a training 2 with staff regarding the non-medical 3 care of wounds and will request a 4 meeting with the health agency to 5 discuss the required documentation for 6 residents receiving wound care and will 7 submit proof to LPA by Plan of Correction (POC) due date.
	8 Based on interview and a review of 9 facility records, the facility did not 10 ensure Resident 1 (R1) wound care 11 was maintained by the health agency in 12 which the wound developed parasites 13 (maggots), which posed an immediate 14 risk to the health and safety of the resident in care.	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Karen Clemons

LICENSING EVALUATOR NAME: Renese Howell-Small

LICENSING EVALUATOR SIGNATURE:

DATE: 05/01/2026

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

