

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 365530213
Report Date: 11/21/2024
Date Signed: 11/21/2024 09:47:21 AM

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 **11/07/2024** and conducted by Evaluator Beena Singh

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20241107150903
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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	STATE: CA ZIP CODE: 92405
CAPACITY: 144	CENSUS: 93 DATE: 11/21/2024
MET WITH: Facility Administrator Kenya Carlton	UNANNOUNCED TIME BEGAN: 08:50 AM
	TIME COMPLETED: 10:15 AM

ALLEGATION(S):

1	Staff do not serve quality food to residents.
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INVESTIGATION FINDINGS:

1	First Complaint: Licensing Program Analyst (LPA) Beena Singh conducted an unannounced visit to
2	deliver findings on the allegations listed above. LPA met with Facility Administrator Kenya Carlton and
3	explained the purpose of the visit. The investigation consisted of interviews and review of records.
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6	First Allegation, Staff do not serve quality food to residents.
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8	During interviews with residents, 5 out of 5 residents denied being not serving quality food to residents.
9	All 5 out of 5 residents are happy with choices and quality of food being served at the facility. LPA
10	conducted an interview with Resident #1 who reported to LPA that resident has been looked after by the
11	staff and food service is good. R#1 stated she always has been given good food choices and quality of
12	food is good to better.
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Beena Singh
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/21/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/21/2024

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

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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

VISIT DATE: 11/21/2024

NARRATIVE

1 Based on the evidence found during the investigation, LPA Beena Singh found the allegation listed
2 above to be Unsubstantiated.
3
4 Unsubstantiated: A finding that the complaints are Unsubstantiated means although the allegation may
5 have happened or are valid, there is not a preponderance of evidence to prove the alleged violation did
6 or did not occur.
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8 During today's visit, no deficiencies were cited per Title 22, Division 6, of the California Code of
9 Regulations.
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11 An exit interview was conducted, and this report was discussed and provided to Facility Administrator
12 Kenya Carlton.
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NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Beena Singh
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/21/2024

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