

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 365530221
Report Date: 04/01/2026
Date Signed: 04/01/2026 05:34:13 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 **11/24/2025** and conducted by Evaluator Sarina Ramirez

	COMPLAINT CONTROL NUMBER: 56-AS-20251124160335
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FACILITY NAME:	LOMA LINDA ASSISTED LIVING	FACILITY NUMBER:	365530221
ADMINISTRATOR:	SANCHEZ, ELLEEN	FACILITY TYPE:	740
ADDRESS:	25393 COLE ST	TELEPHONE:	(909) 799-3117
CITY:	LOMA LINDA	ZIP CODE:	92354
CAPACITY:	64	DATE:	04/01/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	12:15 PM
	CENSUS: 53	TIME COMPLETED:	05:45 PM
MET WITH:	Resident Care Coordinator Keisha Martin		

ALLEGATION(S):

1	Staff are not following infectious disease protocols
2	Resident fell sustaining injury due to staff neglect
3	Staff are not ensuring resident's room is cleaned
4	Staff are not ensuring resident's bedding is washed
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sarina Ramirez conducted an unannounced visit to the facility to initiate a complaint investigation. LPA met with Resident Care Coordinator Keisha Martin, and explained the purpose of the visit.
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5	Regarding allegation #1, LPA reviewed relevant documentation and the facility has their infectious disease plans on file. The facility did not experience any type of infectious outbreak. LPA reviewed resident #1 (R1) discharge paperwork and there was no indication R1 sustain an infectious disease.
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9	Regarding allegation #2, LPA reviewed relevant documentation and conducted interviews with staff and residents. There was no documentation indicating Resident #1 (R1) fell and/or sustained injuries from a fall.
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13	LPA conducted an interview with Resident #1 (R1) and they informed LPA they have not fallen while at the facility nor have they sustained an injury from a fall.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Karen Clemons	
LICENSING EVALUATOR NAME: Sarina Ramirez	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/01/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/01/2026

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-20251124160335

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: LOMA LINDA ASSISTED LIVING	FACILITY NUMBER: 365530221
	VISIT DATE: 04/01/2026

NARRATIVE	
1	Regarding allegation #3, LPA observed Four (4) resident bedrooms to be clean and sanitary. Interviews
2	with three (3) staff informed LPA, the bedrooms are cleaned daily. LPA conducted interviews with four
3	(4) residents and all (4) have informed LPA, staff maintain their room clean and sanitary.
4	
5	Regarding allegation #4, LPA observed Four (4) resident bedrooms to have their bedding made, clean,
6	and sanitary. Interviews with three (3) staff informed LPA, the beds are made daily, sheets are washed
7	weekly unless an accident occurred then the sheets are washed immediately and house keeping
8	shampoos the mattress.
9	
10	One (1) of the Four (4) residents interviewed voiced they do not like when their sheets are placed on the
11	floor while the bed is being made, aside from that comment all four (4) residents have informed LPA,
12	staff maintain their bedding clean and sanitary.
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14	Based on LPAs observations, record review, and interviews, the above allegations are Unsubstantiated;
15	meaning that although the allegation(s) may have happened or are valid, there is not a preponderance
16	of evidence to prove the alleged violation(s) did or did not occur.
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18	An exit interview was conducted where this report was discussed and a copy was provided to Executive
19	Director Eileen Sanchez at the conclusion of the visit.
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SUPERVISORS NAME: Karen Clemons	
LICENSING EVALUATOR NAME: Sarina Ramirez	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/01/2026
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