

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 365530263
Report Date: 04/01/2025
Date Signed: 04/29/2025 10:37:48 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 **02/20/2025** and conducted by Evaluator Becky Mann

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20250220153742
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FACILITY NAME: VALLEY CREST	FACILITY NUMBER: 365530263
ADMINISTRATOR: JORDAN, KIMBERLY	FACILITY TYPE: 740
ADDRESS: 18524 CORWIN RD	TELEPHONE: (760) 242-3188
CITY: APPLE VALLEY	STATE: CA ZIP CODE: 92307
CAPACITY: 65	CENSUS: 36 DATE: 04/01/2025
MET WITH: Gabriel Aguilar, Administrator	UNANNOUNCED TIME BEGAN: 09:20 AM
	TIME COMPLETED: 10:15 AM

ALLEGATION(S):

1	Staff do not ensure special dietary plans are followed for residents in care
2	Staff use medication restraint on residents in care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Becky Mann conducted an unannounced visit to the facility to initiate a
2	complaint investigation. LPA Mann met with Gabriel Aguilar, Administrator and explained the purpose of
3	today's visit. The investigation consisted of LPA observations, pertinent document reviews, and
4	interviews with staff and residents.
5	
6	The allegation that staff do not ensure special dietary plans are followed for residents in care. LPA toured
7	the facility and observed in the kitchen that there was a special dietary menu for residents who are on a
8	special dietary plan. Interviews with kitchen staff also stated that some residents are provided a special
9	dietary meal plan. Based on LPA observations, interviews and record reviews, staff do follow the special
10	dietary plans for residents. The residents interviewed, there was not enough evidence to corroborate the
11	allegation.
12	
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Becky Mann
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/01/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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Control Number 56-AS-20250220153742

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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: VALLEY CREST

FACILITY NUMBER: 365530263

VISIT DATE: 04/01/2025

NARRATIVE

- 1 The allegation that staff use medication restraint on residents in care. All staff interviewed denied that
- 2 they use medication restraint on residents in care. Some residents interviewed were not able to respond
- 3 due to cognitive impairment.
- 4
- 5 Based on evidence obtained during the investigation, the above allegations are Unsubstantiated;
- 6 meaning that although the allegation may have happened or is valid, there is not a preponderance of
- 7 evidence to prove the alleged violation did or did not occur.
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- 9 An exit interview was conducted where this report was discussed, and a copy was provided to Gabriel
- 10 Aguilar, Administrator at the conclusion of the visit.
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NAME OF LICENSING PROGRAM ANALYST: Becky Mann
LICENSING PROGRAM ANALYST SIGNATURE:

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