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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 365530263
Report Date: 08/11/2026
Date Signed: 08/11/2026 11:50:06 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES** **COMMUNITY CARE LICENSING DIVISION** **SAN BERNARDINO, 1650 SPRUCE ST STE 200 MS29-27** **RIVERSIDE, CA** 92507

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/16/2026** and conducted by Evaluator Paola Guerrero

PUBLIC	**COMPLAINT CONTROL NUMBER:** 56-AS-20260316113443

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:** 42		**DATE:**	08/11/2026
		UNANNOUNCED		**TIME BEGAN:**	09:45 AM
MET WITH:	Donna Cabrera			**TIME COMPLETED:**	12:00 PM

ALLEGATION(S):

1	Facility did not meet the level of care needs for residents in care
2	Insufficient staffing
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Paola Guerrero arrived at the facility to deliver investigative findings.
2	LPA met with Facility Administrator Donna Cabrera and explained the purpose of the visit regarding the
3	allegations stated above.
4	
5	First allegation: Facility did not meet the level of care needs for residents in care. Regarding the
6	allegations stated above, LPA conducted interviews with Staff #2, Staff #3, Staff #4, and Staff #5,
7	regarding the alleged allegation, and all staff denied the allegation and informed LPA that staff meet
8	resident care needs daily and all residents at the facility are appropriate for the facility. LPA conducted
9	interviews with Resident #1, Resident #2, Resident #3, and Resident #4, regarding the alleged allegation,
10	and R#1-4 denied the allegation and informed LPA that caregivers meet their care needs daily and have
11	no concerns to report regarding the level of care.
12	
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Paola Guerrero
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026

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

Control Number 56-AS-20260316113443

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VALLEY CREST **FACILITY NUMBER:** 365530263
VISIT DATE: 08/11/2026

NARRATIVE

Second allegation: Insufficient staffing, Regarding the allegation stated above, LPA conducted interviews with Staff #2, Staff #3, Staff #4, and Staff #5 regarding the alleged allegation, and all staff denied the allegation and informed LPA that the facility is currently staffed and has no concern regarding insufficient staff. Staff #2 provided LPA with Facility Personnel Report and LPA observed that the facility has enough staff to meet the needs of residents in care. LPA conducted interviews with Resident #1, Resident #2, Resident #3, and Resident #4 regarding the alleged allegation, and all residents denied the allegation and informed LPA that they witnessed facility to have enough care staff to meet their care needs. Based on corroborating evidence LPA has determined that the above allegation is Unsubstantiated, meaning that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur.

An exit interview was conducted where this report (LIC 9099) was discussed, and a copy was provided to Facility Administrator Donna Cabrera.

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Paola Guerrero
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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