

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 365530269
Report Date: 07/28/2026
Date Signed: 07/28/2026 01:12:00 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 01/29/2026 and conducted by Evaluator Beena Singh

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260129135530
FACILITY NAME: AURORA COMFORT CARE HOME INC	FACILITY NUMBER: 365530269
ADMINISTRATOR:AMIRJANYAN, GEORGI	FACILITY TYPE: 740
ADDRESS: 5659 CAROL AVE	TELEPHONE: (909) 833-8333
CITY: RANCHO CUCAMONGA	ZIP CODE: 91701
CAPACITY: 6	DATE: 07/28/2026
	UNANNOUNCEDTIME BEGAN: 09:01 AM
MET WITH: Administrator, Elen Markosyan, and House Manager, Joseph Walker	TIME COMPLETED: 01:30 PM

ALLEGATION(S):

1	Staff did not ensure the facility met the fire safety requirements.
2	Staff unlawfully evicted a resident.
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INVESTIGATION FINDINGS:

1	On 07/28/2026, Licensing Program Analyst (LPA) Beena Singh conducted an unannounced visit to the facility to deliver findings on above allegation. LPA Singh was greeted and granted entrance to the facility by a staff and facility representative, was contacted and informed of the visit. LPA Singh explained the purpose of today's visit to The investigation conducted by LPA Singh consisted of interviews and records review.
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7	First Allegation:-Staff did not ensure the facility met the fire safety requirements.
8	LPA Singh reviewed records and fire safety inspection was conducted on August 27, 2024 and LPA Singh confirmed facility met the fire safety requirements for Five (5) non-ambulatory and one(1) bedridden residents.
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11	Based on the information gathered, LPA Singh was not able to find sufficient evidence to corroborate the allegation listed above. Statements, records, and interviews obtained did not provide sufficient information to corroborate the above allegation.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Efren Malagon	
LICENSING EVALUATOR NAME: Beena Singh	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/28/2026

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-20260129135530

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: AURORA COMFORT CARE HOME INC	FACILITY NUMBER: 365530269
	VISIT DATE: 07/28/2026

NARRATIVE	
1	Second Allegation:-Staff unlawfully evicted a resident.
2	During a review of records, LPA Singh confirmed that no admission agreement had
3	been signed by Resident 1 or their family with facility representatives. Facility
4	Administrator Elen Markosyan and House Manager Joseph Walker stated that the
5	family was not signing the paperwork since resident#1 moved in on 1/22, during the
6	resident's stay, Resident#1 experienced a blood sugar spike that required
7	hospitalization. Subsequently, the family informed the facility that Resident 1 would
8	not be returning, noting that the facility had issued a notice of non-payment and
9	required residency agreement to be signed on 1/27 but never issued a formal
10	eviction letter to the resident.
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14	Based on the evidence found during the investigation, the allegations listed above
15	Staff did not ensure the facility met the fire safety requirements and Staff unlawfully
16	evicted a resident are deemed
17	UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED
18	means although the
19	allegation may have happened or are valid, there is not a preponderance of
20	evidence to prove the alleged violations did or did not occur. During today's visit, no
21	deficiencies were cited per Title 22, Division 6, of the California Code of Regulations.
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25	An exit interview was conducted with Facility and a copy of this report LIC9099,
26	9099C were provided to the Administrator, Elen Markosyan, and House Manager,
27	Joseph Walker at the conclusion of the visit.
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SUPERVISORS NAME: Efren Malagon	
LICENSING EVALUATOR NAME: Beena Singh	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/28/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/28/2026