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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 366402583
Report Date: 07/24/2026
Date Signed: 07/24/2026 01:30:47 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 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 **02/13/2026** and conducted by Evaluator Raquel Hernandez

	COMPLAINT CONTROL NUMBER: 56-AS-20260213142951

FACILITY NAME:	BROOKDALE NORTH EUCLID			**FACILITY NUMBER:**	366402583
ADMINISTRATOR:	LISA TO			**FACILITY TYPE:**	740
ADDRESS:	1031 N EUCLID AVE			**TELEPHONE:**	(909) 391-2622
CITY:	ONTARIO	**STATE:** CA		**ZIP CODE:**	91762
CAPACITY:	140	**CENSUS:** 68		**DATE:**	07/24/2026
		UNANNOUNCED		**TIME BEGAN:**	09:00 AM
MET WITH:	Business Office Manager Marcos Ramos			**TIME COMPLETED:**	01:45 PM

ALLEGATION(S):

1	Facility staff did not ensure to keep facility free of pest.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Raquel Hernandez conducted an unannounced visit for the purpose of
2	deliver findings for the above allegations. LPA met with Business Office Manager and explained today's
3	visit.
4	
5	The licensing department received a complaint in regards to facility staff not ensuring the facility is kept
6	free of pest. LPA conducted (8) resident interviews. 4 out of the 8 residents stated they have not had any
7	issues with bugs. LPA observed no pest control management was associated or completed with Resident
8	#1 (R1) pest issues. During LPAs visit on 02/18/2026, LPA observed pests located in R1’s former
9	bedroom. Based on the evidence gathered during today’s investigation, the allegation listed above are
10	deemed SUBSTANTIATED. A finding that the complaints are SUBSTANTIATED means that the
11	allegation are valid because the preponderance of evidence the standard has been met. An exit interview
12	was conducted and a copy of this report (LIC9099) and (LIC9099A) was discussed and provided to
13	Business Office Manager Marcos Ramos along with copy of appeal rights.

Substantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Raquel Hernandez
LICENSING EVALUATOR SIGNATURE:
DATE: 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/24/2026

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BERNARDINO ASC, 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 **02/13/2026** and conducted by Evaluator Raquel Hernandez

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CAPACITY:	140	**CENSUS:**	68	**DATE:**	07/24/2026
			UNANNOUNCED	**TIME BEGAN:**	09:00 AM
MET WITH:	Business Office Manager Marcos Ramos			**TIME COMPLETED:**	01:45 PM

ALLEGATION(S):

1. Resident sustained a pressure injury, due to staff negligence.

INVESTIGATION FINDINGS:

Additionally, an allegation was received in regards to Resident sustaining a pressure injury due to staff negligence. LPA requested pertinent documentation of former resident's care plan. LPA observed former resident did sustain a pressure injury and was being cared for by hospice care agency. LPA conducted (6) staff interviews who indicated no residents have been neglected nor have any facility staff witnessed any residents being neglected. LPA spoke with hospice care agency who indicated pressure injury for former resident did not appear it was due to staff negligence.

Based on the evidence gathered during today's investigation, the allegations listed above are deemed UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED means although the allegations may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred. During today's visit, no deficiencies were cited in regard to this allegation. An exit interview was conducted, and this report (LIC9099) (LIC9099C) was discussed and provided to Business Office Manager Marcos Ramos.

Unsubstantiated **Estimated Days of Completion:**

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Raquel Hernandez
LICENSING EVALUATOR SIGNATURE:
DATE: 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/24/2026

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Control Number 56-AS-20260213142951

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

FACILITY NAME: BROOKDALE NORTH EUCLID **FACILITY NUMBER:** 366402583

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/24/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/31/2026 **Section Cited** CCR 87303(a)	87303 Maintenace and Operation (a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.	Business Office Manager stated the facility would like to submit an appeal. Business Office Manager stated to understand regulation and moving forward will continue with appropriate documentation on pest control.
	Based on observation and record review, the licensee did not comply with section cited above by not ensuring Resident #1 (R1) was free from pests and maintained, which poses a potential health safety and personal rights risk to persons in care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Efren Malagon
LICENSING EVALUATOR NAME: Raquel Hernandez
LICENSING EVALUATOR SIGNATURE: **DATE:** 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 07/24/2026