

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 366425024  
Report Date: 02/25/2026  
Date Signed: 02/25/2026 11:19:38 AM

**Substantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/19/2025** and conducted by Evaluator Paola Guerrero

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 56-AS-20251119112210</b>
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<b>FACILITY NAME:</b> CHINO HILLS SENIOR LIVING	<b>FACILITY NUMBER:</b> 366425024
<b>ADMINISTRATOR:</b> JULIE (OLMEDO) DION	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 6500 BUTTERFIELD RANCH RD	<b>TELEPHONE:</b> (909) 606-2553
<b>CITY:</b> CHINO HILLS	<b>ZIP CODE:</b> 91709
<b>CAPACITY:</b> 94	<b>DATE:</b> 02/25/2026
<b>MET WITH:</b> Lizeth (Lisa) Gomez	<b>UNANNOUNCED TIME BEGAN:</b> 09:38 AM
	<b>TIME COMPLETED:</b> 11:20 AM

**ALLEGATION(S):**

1	Staff do not provide residents with food of good quality
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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 Business Office Manager Lizeth (Lisa) Gomez and explained the purpose of the
3	visit regarding the allegations listed above.
4	
5	First allegation: Staff do not provide residents with food of good quality. Regarding the allegation stated
6	above, LPA conducted an interview with Staff #3 LPA went over the allegation with S#3 regarding "Staff
7	not providing residents with food of good quality" Staff #3 informed LPA that staff is aware of the
8	concerns as many residents along with staff have addressed the concerns regarding the food. LPA
9	conducted interviews with Resident #2, Resident #3, and Resident #4, LPA discussed the allegation with
10	the residents and R#2-4 informed LPA that the food quality is very poor and that the temperature of the
11	food when being served is cold. LPA obtained photos of the food that was being served and observed
12	that the food was overcooked, appeared to be burnt and had excess of oil. Based on the evidence
13	gathered during the investigation, the above allegations are Substantiated.

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Efren Malagon  
**LICENSING EVALUATOR NAME:** Paola Guerrero  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/25/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/25/2026

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-20251119112210

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:** CHINO HILLS SENIOR LIVING

**FACILITY NUMBER:** 366425024

**VISIT DATE:** 02/25/2026

### NARRATIVE

1 A finding that the complaint is Substantiated means that the findings are valid because the  
2 preponderance of the evidence standard has been met. Title 22 regulations General Food Service  
3 Requirements 87555 (a)(b)(8), from division 6, chapter, article 6, is, cited on the attached LIC 9099 D.  
4  
5 An exit interview was conducted where this report, appeal rights, and LIC9099-D was discussed, and a  
6 copy of the report was provided to the Facility Office Manager Lizeth (Lisa) Gomez, at the conclusion of  
7 the visit.  
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**SUPERVISORS NAME:** Efren Malagon  
**LICENSING EVALUATOR NAME:** Paola Guerrero  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/25/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/25/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 5

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## COMPLAINT INVESTIGATION REPORT

**PUBLIC**

**COMPLAINT CONTROL NUMBER: 56-AS-20251119112210**

**FACILITY NAME:** CHINO HILLS SENIOR LIVING

**FACILITY NUMBER:** 366425024

**ADMINISTRATOR:** JULIE (OLMEDO) DION

**FACILITY TYPE:** 740

**ADDRESS:** 6500 BUTTERFIELD RANCH RD

**TELEPHONE:** (909) 606-2553

**CITY:** CHINO HILLS

**STATE:** CA

**ZIP CODE:** 91709

**CAPACITY:** 94

**CENSUS:** 89

**DATE:** 02/25/2026

**MET WITH:** Lizeth (Lisa) Gomez

**UNANNOUNCED TIME BEGAN:** 09:38 AM

**TIME COMPLETED:** 11:20 AM

**ALLEGATION(S):**

- 1 Staff do not assist residents with adequate supervision, resulting in resident unclothed in facility
- 2 Staff handled resident in a rough manner
- 3 Staff do not answer resident's call button in a timely manner
- 4
- 5
- 6
- 7
- 8
- 9

**INVESTIGATION FINDINGS:**

- 1 Licensing Program Analyst (LPA) Paola Guerrero arrived at the facility to deliver investigative findings.
- 2 LPA met with Facility Business Office Manager Lizeth (Lisa) Gomez and explained the purpose of the
- 3 visit regarding the allegations listed above.
- 4
- 5 First allegation: Staff do not assist residents with adequate supervision, resulting in resident unclothed in
- 6 facility. Regarding the allegation stated above, LPA conducted an interview with Staff #3 LPA went over
- 7 the alleged allegation with Staff #3 and staff informed LPA that on three separate occasions three
- 8 residents have exited their rooms unclothed however, S#3 informed LPA that staff have redirected the
- 9 residents back into their rooms to be clothed. In addition, S#3 also informed LPA that incidents are not
- 10 due to inadequate supervision but rather due to behavioral circumstances from the residents. Staff #3
- 11 further informed LPA that such behaviors have been addressed and have also been reported.
- 12
- 13 Second allegation: Staff handled resident in a rough manner.

**Unsubstantiated**

**Estimated Days of Completion:**

**SUPERVISORS NAME:** Efren Malagon

**LICENSING EVALUATOR NAME:** Paola Guerrero

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/25/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/25/2026

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LIC9099 (FAS) - (06/04)

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**COMPLAINT INVESTIGATION REPORT (Cont)**

**FACILITY NAME:** CHINO HILLS SENIOR LIVING

**FACILITY NUMBER:** 366425024

**VISIT DATE:** 02/25/2026

**NARRATIVE**

- 1 Regarding the allegation stated above, LPA conducted an interview with Resident #5 LPA went over the
- 2 alleged allegation with Resident #5 and resident informed LPA that Staff #4 has not handled resident in
- 3 a rough manner. Resident #5 further expressed gratitude towards Staff #4 and denied the incident of
- 4 being shoved into the elevator by Staff #4. LPA conducted an interview with Staff #4 LPA went over the
- 5 alleged allegation with S#4 and staff denied handling Resident #5 in a rough manner. Furthermore, Staff
- 6 #4 informed LPA about assisting Resident #5 into the elevator however, Staff #4 denied shoving

7 Resident #5 into the elevator.  
 8  
 9 Third allegation: Staff do not answer resident's call button in a timely manner. Regarding the allegation  
 10 stated above, LPA conducted interviews with Resident #2, Resident #3, Resident #4, and Resident #5,  
 11 LPA went over the alleged allegation with Residents #2-5 and all informed LPA that while during certain  
 12 circumstances where staff are assisting other residents the wait time for assistance can take roughly  
 13 about 30 minutes- 40 minutes. However, Resident #2-5 informed LPA that during emergencies staff will  
 14 assist right away. LPA conducted an interview with Resident #4 pertaining to an incident involving a  
 15 possible convulsion that Resident #4 sustained. Resident # 4 informed LPA that resident does not have  
 16 recollection of the incident however, Resident #4 informed LPA that resident was transported to a local  
 17 hospital and received treatment. LPA conducted an interview with S#3 who informed LPA that the wait  
 18 time to respond to signal systems can take about 30 minutes however, Staff #3 informed LPA that the  
 19 wait time can take longer for non-emergency calls. LPA discussed the incident with Staff #3 involving  
 20 Resident #4 and Staff #3, confirmed the incident and informed LPA that staff assisted Resident #4 with  
 21 medical treatment. Based on corroborating evidence the department has determined that the above  
 22 allegations are Unsubstantiated, meaning that although the allegation may have happened or is valid,  
 23 there is not a preponderance of evidence to prove the alleged violation did or did not occur.  
 24  
 25 An exit interview was conducted where this report (LIC 9099) was discussed, and a copy was provided  
 26 to Business Office Manager Lizeth (Lisa) Gomez at the end of the visit.  
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**SUPERVISORS NAME:** Efren Malagon  
**LICENSING EVALUATOR NAME:** Paola Guerrero  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 02/25/2026

**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**  
**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 02/25/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <h2 style="margin: 0;">COMPLAINT INVESTIGATION REPORT</h2> <h3 style="margin: 0;">(Cont)</h3>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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**FACILITY NAME:** CHINO HILLS SENIOR LIVING **FACILITY NUMBER:** 366425024  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 02/25/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/20/2026 <b>Section Cited</b> CCR 87555(a)(b)(8)	1 General Food Service Requirements 2 87555....(a) The total daily diet shall be 3 of the quality and in the quantity 4 necessary to meet the needs of the 5 residents and shall meet the 6 Recommended Dietary Allowances of 7 the Food and Nutrition Board of the National Research Council. All food shall be selected, stored, prepared and served in a safe and healthful manner....(b) The following food service requirements shall apply:....(8) All food shall be of good quality. Commercial foods shall be approved by appropriate federal, state and local authorities. Food in damaged containers shall not be accepted, used or retained.	1 The Licensee has agreed to read over 2 the General Food Service Requirement 3 regulation and will address all concerns 4 with their food service director. 5 Licensee will provide training for all 6 kitchen staff addressing all food service 7 concerns. Licensee will provide LPA with proof of training and will also provide LPA with a plan of action to correct the concerns regarding the Food Service. Plan and training will be emailed to LPA by POC date of 03/20/2026.

		This requirement is not met as evidence by:		
	8 9 10 11 12 13 14	Based on interviews, and record review the Licensee did not comply by adhering by General Food Service Requirements and providing food of poor quality to all residents in care, which can pose a potential Health, Safety, or Personal Rights risk to residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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

<b>SUPERVISORS NAME:</b> Efren Malagon	
<b>LICENSING EVALUATOR NAME:</b> Paola Guerrero	
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 02/25/2026
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 02/25/2026