

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 366425270
Report Date: 08/29/2025
Date Signed: 08/29/2025 04:36:26 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 **07/01/2025** and conducted by Evaluator Renese Howell-Small

	COMPLAINT CONTROL NUMBER: 56-AS-20250701082528
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FACILITY NAME: ABRIA DEL CIELO	FACILITY NUMBER: 366425270
ADMINISTRATOR: CRISELDA ESPIRITU SANTO	FACILITY TYPE: 740
ADDRESS: 1589 N. WATERMAN AVE	TELEPHONE: (909) 884-4757
CITY: SAN BERNARDINO	STATE: CA ZIP CODE: 92404
CAPACITY: 240	CENSUS: 145 DATE: 08/29/2025
MET WITH: Executive Director, Criselda Espiritu Santo	UNANNOUNCED TIME BEGAN: 03:51 PM
	TIME COMPLETED: 04:40 PM

ALLEGATION(S):

1	Staff did not ensure resident's diapering care needs were met while in care
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INVESTIGATION FINDINGS:

1	On 08/29/2025 at 3:51PM Licensing Program Analyst (LPA) Renese Howell-Small arrived unannounced
2	to the facility in order to deliver findings for the above allegations. LPA met with Executive Director,
3	Criselda Espiritu Santo and informed her of the purpose of the visit.
4	
5	The allegation that staff did not ensure resident's diapering needs were met in care is
6	UNSUBSTANTIATED.
7	An interview with Resident (1) revealed that R1 takes care of their own toileting needs and R1 stated that
8	they do not need staff assistance, but staff will assist R1 when it is needed. Staff stated that they assist
9	residents with their toileting needs and keep a log of the days and times they are assisted. Residents
10	state that staff assist them with their needs. LPA did not experience any mal odors in the dining area and
11	in the hallways during several visits. Based upon interview, observation and record review, this allegation
12	is UNSUBSTANTIATED.
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/29/2025

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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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

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COMPLAINT CONTROL NUMBER: 56-AS-20250701082528

FACILITY NAME: ABRIA DEL CIELO

FACILITY NUMBER: 366425270

ADMINISTRATOR: CRISELDA ESPIRITU SANTO

FACILITY TYPE: 740

ADDRESS: 1589 N. WATERMAN AVE

TELEPHONE: (909) 884-4757

CITY: SAN BERNARDINO

STATE: CA

ZIP CODE: 92404

CAPACITY: 240

CENSUS:

DATE: 08/29/2025

MET WITH: Executive Director, Criselda Espiritu Santo

UNANNOUNCED TIME BEGAN:

03:51 PM

TIME COMPLETED:

04:40 PM

ALLEGATION(S):

- 1 Staff did not prevent resident from hitting other residents in care
- 2 Staff did not report resident incidents to appropriate parties
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- 4
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INVESTIGATION FINDINGS:

- 1 On 08/22/2025 Licensing Program Analyst (LPA) Renese Howell-Small conducted an unannounced visit
 - 2 to the facility to deliver findings for the above allegations. LPA discussed the purpose of the visit with
 - 3 Executive Director, Criselda Espiritu Santo.
 - 4
 - 5 The allegation that staff did not prevent resident from hitting other residents in care is SUBSTANTIATED.
 - 6
 - 7 Based on record review, the facility's House Rules state "Residents shall keep in mind the dignity and
 - 8 well being of other Residents, for this reason. No resident shall be verbally or physically abusive to
 - 9 another resident or staff member." LPA did not observe any notes in Resident 1 (R1) and Resident 2 (R2)
 - 10 files regarding behavior towards other residents or staff. R1 stated that they were physically hit by
 - 11 another resident and staff did intervene to assist. Although the facility does report special incidents to
 - 12 Community Care Licensing Division (CCLD), we have not received any incidents reports regarding
 - 13 physical aggression among residents. LPA did not observe Based upon interviews and record review, this
- allegation is SUBSTANTIATED. A deficiency will be cited.

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/29/2025

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-20250701082528

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SAN BERNARDINO ASC, 1650 SPRUCE ST STE
200 MS29-27
RIVERSIDE, CA 92507

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ABRIA DEL CIELO

FACILITY NUMBER: 366425270

VISIT DATE: 08/29/2025

NARRATIVE

1 The allegation that staff did not report resident incidents to appropriate parties is SUBSTANTIATED.
2
3 LPA reviewed the Department's records and did not observe any reports relating to incidents involving
4 R1. An interview with the Executive Director revealed that staff may not report certain incidents if local
5 law enforcement does not provide a report. Based upon interview and record review this allegation is
6 SUBSTANTIATED. A deficiency will be cited.
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10 SUBSTANTIATED is defined as the complaint allegation(s) is valid and a violation has occurred based
11 on the preponderance of available evidence.
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13 An exit interview was conducted where this report LIC9099, LIC9099D and Appeal Rights were
14 discussed, and a copy was provided to Executive Director, Criselda Espiritu Santo.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/29/2025

LIC9099 (FAS) - (06/04)

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ABRIA DEL CIELO

FACILITY NUMBER: 366425270

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/30/2025 Section Cited CCR 80072(a)(1)	1 80072 Personal Rights (a)(1) (a) ...each 2 client shall have personal rights which 3 include...: (1)To be accorded dignity in 4 his/her personal relationships with staff 5 and other persons. This requirement 6 was not met as evidenced by: 7	1 Licensee/Administrator will conduct a 2 staff training on personal rights, 3 document incidents among residents 4 who do not follow the facility's rule and 5 submit proof to LPA by Plan of 6 Correction (POC) due date. 7
	8 Based upon record review, interview 9 and observation, the facility did not 10 ensure that all clients are comfortable 11 and by not ensuring the safety of all the 12 residents which poses an immediate 13 risk to the health and safety of residents 14 in care.	
Type A 08/30/2025 Section Cited CCR 87211(1)(D)	1 Reporting Requirements 87211(1)(D) 2 (1) A written report shall be submitted to 3 the licensing agency...(D) Any incident 4 which threatens the welfare, safety or 5 health of any resident.... This 6 requirement was not met as evidenced 7 by:	1 Administrator will conduct a staff 2 training on Reporting Requirements, 3 will review and submit a Statement of 4 Understanding of the Reporting 5 Requirements by the Plan of Correction 6 (POC) due date. 7
	8 Based upon interview and record 9 review the facility did not report any 10 incidents to the Department relating to 11 residents expressing physical 12 aggression towards other residents, 13 which poses an immediate risk to the 14 health and safety of residents 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.

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 08/29/2025

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FACILITY NAME: ABRIA DEL CIELO

FACILITY NUMBER: 366425270

VISIT DATE: 08/29/2025

NARRATIVE

1	UNSUBSTANTIATED is defined as The allegation may have happened or is valid, but there is not a
2	preponderance of the evidence to prove that the alleged violation occurred.
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4	An exit interview was conducted where this report LIC9099 and LIC9099C was discussed and a copy
5	was given to Executive Director, Criselda Espiritu Santo.
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