

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 366425270

Report Date: 11/06/2025

Date Signed: 11/06/2025 02:09:42 PM

Unsubstantiated

| | |
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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 | |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/25/2025** and conducted by Evaluator Renese Howell-Small

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| | COMPLAINT CONTROL NUMBER: 56-AS-20250725081957 |
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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 | ZIP CODE: 92404 |
| CAPACITY: 240 | DATE: 11/06/2025 |
| MET WITH: Executive Director, Criselda Espiritu Santo | UNANNOUNCED TIME BEGAN: 09:20 AM |
| | TIME COMPLETED: 02:20 PM |

ALLEGATION(S):

| | |
|---|---|
| 1 | Staff did not feed residents in care |
| 2 | Staff mismanaged residents' medications |
| 3 | Facility is unsanitary |
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INVESTIGATION FINDINGS:

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| 1 | On 11/06/2025 at 9:20AM Licensing Program Analyst (LPA) Renese Howell-Small conducted an unannounced visit to the facility in order to deliver findings for the above allegations. LPA discussed the purpose of the visit with Executive Director, Criselda Espiritu Santo. The investigation consisted of |
| 2 | interviews and record review. Resident 1, was discharged from the facility on 06/16/2025. |
| 3 | |
| 4 | |
| 5 | |
| 6 | In regards to the allegation of staff did not feed residents in care: |
| 7 | LPA interviewed four (4) staff and two (2) residents. Staff stated that residents who receive dialysis |
| 8 | services are provided snacks and either an early lunch or dinner. Both residents confirmed that they |
| 9 | recieve snacks and meals before and after they return to the facility. Based on interviews, this allegation |
| 10 | is UNSUBSTANTIATED. |
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| Unsubstantiated | Estimated Days of Completion: |
|------------------------|--------------------------------------|

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Renese Howell-Small
LICENSING EVALUATOR SIGNATURE:

DATE: 11/06/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/06/2025

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-20250725081957

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 (Cont)

FACILITY NAME: ABRIA DEL CIELO

FACILITY NUMBER: 366425270

VISIT DATE: 11/06/2025

NARRATIVE

1 In regards to the allegation of staff mismanaged residents' medications:
2 LPA reviewed the medication records for R1 and observed several refusals. Staff stated that medication
3 is given as prescribed and is documented. Based upon interviews and record review, this allegation is
4 UNSUBSTANTIATED.
5

6 In regards to the allegation of facility is unsanitary:
7 LPA conducted a tour of the facility and observed the facility to be clean and free from odors. Staff
8 stated that the housekeeping staff sweep, mop and clean the facility regularly. Based on observation
9 and interview, this allegation is UNSUBSTANTIATED.
10

11 UNSUBSTANTIATED is defined as the allegation may have happened or is valid, but there is not a
12 preponderance of the evidence to prove that the alleged violation occurred.
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14 An exit interview was conducted where this report LIC9099 and LIC9099C were discussed and a copy
15 was provided to Executive Director, Criselda Espiritu Santo.
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SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Renese Howell-Small
LICENSING EVALUATOR SIGNATURE:

DATE: 11/06/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/06/2025

LIC9099 (FAS) - (06/04)

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