

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 366425270
Report Date: 08/26/2026
Date Signed: 08/26/2026 03:13:39 PM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/26/2026** and conducted by Evaluator Paola Guerrero

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260526154743
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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:	08/26/2026
		UNANNOUNCED TIME BEGAN:	01:45 PM
MET WITH:	Criselda Espiritu Santo	TIME COMPLETED:	03:20 PM

ALLEGATION(S):

1	Staff did not ensure that the resident took medications as prescribed
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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 Administrator Criselda Espiritu Santo and explained the purpose of the visit
3	regarding the allegations stated above.
4	
5	First Allegation: Staff did not ensure that the resident took medications as prescribed. Regarding the
6	allegation, LPA conducted a record review pertaining to R1. During the review of R1's medication
7	records, LPA observed that R1 was prescribed two patches to be applied to R1's skin every morning and
8	to remain in place for 24 hours. LPA interviewed Staff #1 regarding the allegation. Staff #1 stated that R1
9	sometimes asks medication support staff if the patches can be applied at a later time. Staff #1 also stated
10	that R1 removes the patches without staff knowledge. However, Staff #1 was unable to provide LPA with
11	documentation, notes, or incident reports indicating that R1 had removed the patches prior to the next
12	scheduled administration.
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Efren Malagon	
LICENSING EVALUATOR NAME: Paola Guerrero	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/26/2026

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 3
Control Number 56-AS-20260526154743

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ABRIA DEL CIELO	FACILITY NUMBER: 366425270
	VISIT DATE: 08/26/2026

NARRATIVE	
1	Based on the review of R1’s medication records, LPA observed that the physician’s medication orders require the patches to be applied to R1 every morning and remain in place for 24 hours. Therefore, the available documentation substantiates that R1 had an order requiring the patches to be applied every morning for 24 hours. However, the interview information regarding R1 removing the patches was not supported by corresponding documentation or incident reports. A finding that the complaint is Substantiated means that the findings are valid because the preponderance of the evidence standard has been met. Title 22 Regulations, from division 6, chapter, article 6, is, cited on the attached LIC 9099 D. An exit interview was conducted where this report, appeal rights, and LIC9099-D was discussed, and a copy of the report was provided to Facility Administrator Criselda Espiritu Santo at the conclusion of the visit.
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SUPERVISORS NAME: Efren Malagon	
LICENSING EVALUATOR NAME: Paola Guerrero	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/26/2026
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LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 56-AS-20260526154743

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

MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: ABRIA DEL CIELO

FACILITY NUMBER: 366425270

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/26/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 08/27/2026 Section Cited CCR 87465(a)(2)	1	Incidental Medical and Dental Care	1	The Licensee has agreed to read over
	2	87465.... (a) A plan for incidental	2	regulation: 87465(a)(2) and provide
	3	medical and dental care shall be	3	training to all Med staff to ensure that
	4	developed by each facility. The plan	4	all medication is to be administered
	5	shall encourage routine medical and	5	according to residents' medication
	6	dental care and provide for assistance	6	orders. In addition, staff will report all
	7	in obtaining such care, by compliance	7	incidents pertaining to medication. The
		with the following.... (2) Once ordered		Licensee will provide LPA proof of
		by the physician the medication is given		training by POC date listed.
		according to the physician's directions.		
		This requirement is not met as		
		evidence by:		
	8	Based on interviews, record review the	8	
	9	Licensee did not adhere to the	9	
	10	regulation stated above by no following	10	
	11	medication orders as indicated by R1	11	
	12	physician, which poses an immediate	12	
	13	health, safety, or personal rights risk to	13	
	14	residents in care.	14	
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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: Paola Guerrero	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/26/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/26/2026