

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 366426281
Report Date: 12/15/2025
Date Signed: 12/15/2025 02:59:10 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMPLAINT INVESTIGATION REPORT	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 12/11/2025 and conducted by Evaluator Eldin Serrano

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20251211161027
FACILITY NAME: TERRACE GARDENS	FACILITY NUMBER: 366426281
ADMINISTRATOR:MAWIKERE, DEKKI	FACILITY TYPE: 740
ADDRESS: 22626 FLAMINGO ST.	TELEPHONE: (909) 824-8126
CITY: GRAND TERRACE	ZIP CODE: 92313
CAPACITY: 6	DATE: 12/15/2025
	UNANNOUNCEDTIME BEGAN: 01:00 PM
MET WITH: Dekki Mawikere, Administrator	TIME COMPLETED: 03:15 PM

ALLEGATION(S):

1	Licensee does not ensure staff have ability to communicate with clients.
2	Staff do not ensure resident is allowed to receive phone calls at all times.
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INVESTIGATION FINDINGS:

1	On December 15, 2025, Licensing Program Analysts (LPA) Eldin Serrano visited the facility to investigate
2	the above mentioned allegations and deliver findings. LPA met with Administrator Dekki Mawikere to
3	discuss the purpose of the visit. The investigation consisted of interviewing relevant parties.
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5	Allegation #1: Licensee does not ensure staff have ability to communicate with clients. – Based on
6	information received during staff and resident interviews, 3 out of 4 staff stated that they have the ability
7	to communicate with the residents. 2 out 2 residents stated that they can understand the staff and able to
8	communicate with them if they need the staff to do something for them. R1 stated that R1 can
9	understand the staff and they are able to communicate with R1. LPA was unable to corroborate the
10	allegation.
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12	*** Continuation in LIC9099C ***
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Karen Clemons LICENSING EVALUATOR NAME: Eldin Serrano LICENSING EVALUATOR SIGNATURE:		DATE: 12/15/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 12/15/2025

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 2
Control Number 56-AS-2025121161027

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: TERRACE GARDENS	FACILITY NUMBER: 366426281 VISIT DATE: 12/15/2025
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NARRATIVE	
1	<p>Allegation #2: Staff do not ensure resident is allowed to receive phone calls at all times. - Based on interviews with residents and staff. 3 out of 4 staff stated that the facility allowed the residents to received phone calls. 2 out of 2 residents stated that they are allowed to receive phone calls either to their personal cell phone or through the facility number. R1 stated that the staff allowed her to received phone calls from her family. S3 stated that if the staff are busy and unable to pick up the call, the phone call will be forwarded to the administrators cell phone so the family can communicate with the residents. LPA was unable to corroborate the allegation.</p> <p>Information received during investigation LPA did not find evidence to corroborate the allegations.</p> <p>Based on the evidence, the allegations mentioned above are UNSUBSTANTIATED. A finding that the complaint is UNSUBSTANTIATED means although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated at this time.</p> <p>An exit interview was conducted where this report, LIC9099 and LIC9099C were discussed and provided to Administrator Dekki Mawikere</p>
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SUPERVISORS NAME: Karen Clemons LICENSING EVALUATOR NAME: Eldin Serrano LICENSING EVALUATOR SIGNATURE:		DATE: 12/15/2025
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FACILITY REPRESENTATIVE SIGNATURE:		DATE: 12/15/2025