

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 366426335

Report Date: 02/23/2026

Date Signed: 02/23/2026 05:00:23 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 **01/26/2024** and conducted by Evaluator Renese Howell-Small

	COMPLAINT CONTROL NUMBER: 56-AS-20240126083631
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FACILITY NAME: KNOLLS WEST ASSISTED LIVING	FACILITY NUMBER: 366426335
ADMINISTRATOR: TERRONSAY WHALEY	FACILITY TYPE: 740
ADDRESS: 16890 GREEN TREE BLVD.	TELEPHONE: (760) 245-0107
CITY: VICTORVILLE	ZIP CODE: 92395
CAPACITY: 64	DATE: 02/23/2026
MET WITH: Assistant Administrator, Janeth Gonzalez	UNANNOUNCED TIME BEGAN: 09:40 AM
	TIME COMPLETED: 05:10 PM

ALLEGATION(S):

1	Residents sustained multiple bedsores due to staff neglect
2	Facility staff did not meet residents' hygiene needs
3	Facility staff did not ensure residents had clean bed linens
4	Facility staff did not ensure residents had clean clothing
5	Facility staff did not meet residents' grooming needs
6	Facility staff served residents food of poor quality
7	Facility staff withheld food from residents
8	Facility staff were not trained on procedures regarding medications before dispensing medications
9	Facility staff spoke inappropriately to residents

INVESTIGATION FINDINGS:

1	On 02/23/2026 at 9:40AM Licensing Program Analyst (LPA) Renese Howell-Small conducted an unannounced visit to the facility to deliver findings for the above allegations. LPA met with Assistant Administrator, Janeth Gonzalez, introduced self and stated the purpose of the visit.
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5	It is alleged that residents sustained multiple bedsores due to staff neglect. LPA conducted interviews with residents and staff. Resident 1 (R1) no longer resides at the facility and was unable to be interviewed. Record review confirmed R1 left the facility on 01.23/2024. LPA interviewed a relative of R1 who stated that they did not have any concerns with the care that was provided to R1 and denied the allegation. Interviews with staff revealed they currently have no residents with bedsores. Based on interviews conducted with the relative of R1 and staff, and a review of records, the allegation is
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11	UNSUBSTANTIATED.
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13	It is alleged that facility staff did not meet residents' hygiene needs. LPA conducted interviews with residents and staff. Residents stated that staff assist them with their hygiene needs when needed and denied that staff

do not meet their hygiene needs. LPA interviewed staff and staff denied the allegation. Based on interviews

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Karen Clemons

LICENSING EVALUATOR NAME: Renese Howell-Small

LICENSING EVALUATOR SIGNATURE:

DATE: 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2026

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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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: KNOLLS WEST ASSISTED LIVING

FACILITY NUMBER: 366426335

VISIT DATE: 02/23/2026

NARRATIVE

1 conducted with residents and staff, this allegation is UNSUBSTANTIATED.

2

3 It is alleged that facility staff did not ensure residents had clean bed linens. LPA observed a sufficient
4 amount of clean bed linens in the storage room. LPA conducted a tour of resident bedrooms and
5 observed clean linen on each of their beds. LPA interviewed staff and staff denied the allegation. LPA
6 interviewed residents and residents denied the allegation.

7

8 It is alleged that facility staff did not ensure residents had clean clothing. LPA observed residents
9 clothing to be clean and in good condition. LPA interviewed staff and staff denied the allegation, stating
10 that residents' clothes are changed when appropriate. LPA interviewed residents and residents denied
11 the allegation. Based on observation and interview, the allegation is UNSUBSTANTIATED.

12

13 It is alleged that facility staff did not meet residents' grooming needs. LPA interviewed residents and
14 residents stated that staff assist with their grooming needs. Residents denied the allegation. LPA
15 interviewed staff and staff stated that residents are assisted with their needs by staff or a professional.
16 Staff denied the allegation. Based on interview and observation, the allegation is UNSUBSTANTIATED.

17

18 It is alleged that facility staff served residents food of poor quality. LPA conducted a tour of the facility's
19 kitchen and pantry. LPA observed the food to be varied and of good quality. LPA interviewed staff and
20 residents. Both staff and residents denied the allegation. Based on interview and observation, the
21 allegation is UNSUBSTANTIATED.

22

23 It is alleged that facility staff withheld food from residents. LPA interviewed residents and residents
24 denied the allegation. LPA interviewed staff and staff stated that food is always available to residents.
25 Staff denied the allegation. Based on interview, the allegation is UNSUBSTANTIATED.

26

27 It is alleged that facility staff were not trained on procedures regarding medications before dispensing
28 medications. LPA interviewed staff. Staff stated that only staff that are trained in medication procedures
29 can administer medications. Staff denied the allegation. Based on interviews, the allegation is
30 UNSUBSTANTIATED.

31

32 It is alleged that staff spoke inappropriately to residents. LPA interviewed residents and stated that have not

SUPERVISORS NAME: Karen Clemons

LICENSING EVALUATOR NAME: Renese Howell-Small

LICENSING EVALUATOR SIGNATURE:

DATE: 02/23/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2026

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: KNOLLS WEST ASSISTED LIVING

FACILITY NUMBER: 366426335

VISIT DATE: 02/23/2026

NARRATIVE

1 witnessed staff speaking inappropriately to residents. Residents denied the allegation. LPA interviewed
2 staff and staff denied witnessing the allegation. Based on interviews, the allegation is
3 UNSUBSTANTIATED.
4

5 An UNSUBSTANTIATED complaint is defined as the allegation may have happened or is valid, but there
6 is not a preponderance of the evidence to prove that the alleged violation occurred.
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8 An exit interview was conducted where this report LIC9099 and LIC9099C were discussed and copies
9 were provided to Assistant Administrator, Janeth Gonzalez.
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SUPERVISORS NAME: Karen Clemons

LICENSING EVALUATOR NAME: Renese Howell-Small

LICENSING EVALUATOR SIGNATURE:

DATE: 02/23/2026

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