

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 157203395
Report Date: 09/25/2025
Date Signed: 09/25/2025 04:08:29 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
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 Melinda Medina

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20250725083246
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FACILITY NAME: BROOKDALE RIVERWALK	FACILITY NUMBER: 157203395
ADMINISTRATOR: TOOMER, JEFFREY	FACILITY TYPE: 741
ADDRESS: 350 CALLOWAY DR	TELEPHONE: (661) 587-0221
CITY: BAKERSFIELD	ZIP CODE: 93312
CAPACITY: 376	DATE: 09/25/2025
MET WITH: Jeffrey Toomer	UNANNOUNCED TIME BEGAN: 03:05 PM
	TIME COMPLETED: 04:15 PM

ALLEGATION(S):

1	Staff did not provide resident records to resident's authorized representative
2	
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INVESTIGATION FINDINGS:

1	On 9/25/2025, Licensing Program Analyst (LPA) M. Medina conducted an unannounced subsequent
2	complaint visit to conduct additional interview and deliver findings. LPA introduced self and stated
3	purpose of visit. LPA met with Executive Director/Administrator, Jeffrey Toomer to conduct complaint visit.
4	
5	During the subsequent visit, LPA conducted additional interview and gathered additional information.
6	During the the investigation, facility was toured, records reviewed, and interviews conducted. This
7	department had insufficient information regarding the allegation listed above. Although the allegation may
8	have happened or is valid, there is not a preponderance of evidence to prove or disprove that the
9	allegation occurred therefore the allegation is UNSUBSTANTIATED.
10	
11	No deficiencies issued during this complaint visit . Exit interview conducted. A copy of this report was
12	provided to Administrator for facility records
13	

Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny
NAME OF LICENSING PROGRAM ANALYST: Melinda Medina
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 09/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 09/25/2025

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

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CITY: BAKERSFIELD	STATE: CA ZIP CODE: 93312
CAPACITY: 376	CENSUS: 248 DATE: 09/25/2025
MET WITH: Jeffrey Toomer	UNANNOUNCED TIME BEGAN: 03:05 PM
	TIME COMPLETED: 04:15 PM

ALLEGATION(S):

- | | |
|---|--------------------|
| 1 | Questionable death |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

INVESTIGATION FINDINGS:

- | | |
|----|--|
| 1 | On 9/25/2025, Licensing Program Analyst (LPA) M. Medina conducted an unannounced subsequent |
| 2 | complaint visit to conduct deliver findings. LPA introduced self and stated purpose of visit. LPA met with |
| 3 | Executive Director/Administrator, Jeffrey Toomer to conduct complaint visit. |
| 4 | |
| 5 | This Department investigated the allegation Questionable Death and based on review of records, the |
| 6 | cause of R1's death was due to medical conditions. |
| 7 | |
| 8 | This Department has found that the above allegation is UNFOUNDED, meaning they were false, could |
| 9 | not have happened, and/or were without reasonable basis. We have therefore dismissed the complaint. |
| 10 | |
| 11 | Exit interview conducted. A copy of this report will be provided to Executive Director via e-mail due to |
| 12 | technical difficulties. |
| 13 | |
| | No deficiencies issued during this complaint visit. |

Unfounded	Estimated Days of Completion: _____
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NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny
NAME OF LICENSING PROGRAM ANALYST: Melinda Medina
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 09/25/2025

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

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LIC9099 (FAS) - (06/04)

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