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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 157203395
Report Date: 04/24/2026
Date Signed: 04/24/2026 03:58:10 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/04/2025** and conducted by Evaluator Melinda Medina

COMPLAINT CONTROL NUMBER: 24-AS-20251204164152

FACILITY NAME:	BROOKDALE RIVERWALK			**FACILITY NUMBER:**	157203395
ADMINISTRATOR:	TOOMER, JEFFREY			**FACILITY TYPE:**	741
ADDRESS:	350 CALLOWAY DR			**TELEPHONE:**	(661) 587-0221
CITY:	BAKERSFIELD	**STATE:** CA		**ZIP CODE:**	93312
CAPACITY:	0	**CENSUS:** 264		**DATE:**	04/24/2026
		UNANNOUNCED		**TIME BEGAN:**	03:35 PM
MET WITH:	Jeff Toomer, Executive Director Silvia Martinez, Resident Services Director			**TIME COMPLETED:**	04:30 PM

ALLEGATION(S):

1	Facility staff did not provide adequate supervision, which resulted in a resident falling while in care
2	Facility staff inappropriately handled a resident in care, which resulted in the resident sustaining an injury
3	Facility staff did not provide medical attention to resident in a timely manner
4	Facility staff did not administer resident medication as prescribed
5	Facility staff did not notify authorized representative of multiple falls
6	Facility staff did not meet resident needs
7	Facility staff did not safeguard resident's property
8	
9	

INVESTIGATION FINDINGS:

1	On 4/24/26, Licensing Program Analyst (LPA) M. Medina conducted an unannounced initial 10-day
2	complaint visit. LPA stated purpose and allowed entrance into facility. LPA met with Executive Director,
3	Jeff Toomer and Resident Services Director, Silvia Martinez.
4	
5	This department has investigated the above allegations. During the course of the investigation, LPA
6	toured the facility, conducted interviews, and reviewed documentation. The department has insufficient
7	information regarding the above allegations. Although the allegation may have happened or is valid, there
8	is not a preponderance of evidence to prove or disprove that the allegation occurred therefore the
9	allegations are UNSUBSTANTIATED.
10	
11	No deficiencies cited.
12	
13	Exit interview conducted and a copy provided for facility records.

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Sergiy Pidgirny

LICENSING EVALUATOR NAME: Melinda Medina
LICENSING EVALUATOR SIGNATURE:
DATE: 04/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/24/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.