

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 331800160  
Report Date: 04/10/2025  
Date Signed: 04/10/2025 12:27:26 PM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/03/2021** and conducted by Evaluator Mary Rico

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 18-AS-20210203142919</b>
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<b>FACILITY NAME:</b> HIGHGATE SENIOR LIVING-TEMECULA	<b>FACILITY NUMBER:</b> 331800160
<b>ADMINISTRATOR:</b> WILLIAMS, KATHLEEN	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 42301 MORAGA ROAD	<b>TELEPHONE:</b> (951) 308-1885
<b>CITY:</b> TEMECULA	<b>STATE:</b> CA
<b>CAPACITY:</b> 99	<b>ZIP CODE:</b> 92591
	<b>CENSUS:</b> 87
	<b>DATE:</b> 04/10/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 09:15 AM
<b>MET WITH:</b> Assisted Living Coordinator (ALC), Melissa Villafana	<b>TIME COMPLETED:</b> 12:45 PM

#### ALLEGATION(S):

1	Resident not assisted with the administration of medication.
2	Food service inadequate.
3	The resident contract is not adhered to.
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9	

#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Mary Rico conducted an unannounced visit to investigate and deliver findings on the allegations listed above. LPA met with Assisted Living Coordinator (ALC), Melissa Villafana and explained the purpose of the visit. The investigation consisted of staff interviews, resident interviews, record review and facility tour.
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3	
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6	For the allegation, Resident not assisted with the administration of medication.
7	
8	During staff interview, 6 out of the 6 staff informed LPA that residents are assisted with their medication.
9	During resident interviews, 4 out of the 7 residents stated staff will assist with their medications. In addition, 3 out of the 7 residents stated they manage their own medications.
10	
11	
12	During medication audit, LPA Rico verify resident's medication have been dispense properly along with documentation.
13	

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Efren Malagon  
**NAME OF LICENSING PROGRAM ANALYST:** Mary Rico  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/10/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/10/2025

**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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**Control Number** 18-AS-20210203142919

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27  
RIVERSIDE, CA 92507

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

**FACILITY NAME:** HIGHGATE SENIOR LIVING-TEMECULA

**FACILITY NUMBER:** 331800160

**VISIT DATE:** 04/10/2025

**NARRATIVE**

1 For allegation, food service inadequate.  
2  
3 During staff interviews, 6 out of the 6 staff stated the facility has adequate food available for residents. In  
4 addition, 6 out of the 6 staff informed LPA that the facility has a variety of food options for residents to  
5 select. During resident interviews, 7 out of the 7 residents stated the food service is adequate and is  
6 provided in a timely manner.  
7  
8 During facility tour and record review, LPA Rico observed the facility had variety of food available for  
9 residents. In addition, the facility also has a food menu posted along with options for residents to select.  
10  
11 For the allegation, the resident contract is not adhered to.  
12  
13 During staff interviews, 3 out of the 6 staff stated residents' contract is adhered to, no changes are made  
14 without resident and their responsible party consent.  
15  
16 Based on the evidence found during the investigation, the three (3) allegations listed above are deemed  
17 UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED means although the  
18 allegation may have happened or are valid, there is not a preponderance of evidence to prove the  
19 alleged violations did or did not occur. During today's visit, no deficiencies were cited per Title 22,  
20 Division 6, of the California Code of Regulations.  
21  
22 An exit interview was conducted, and this report (LIC9099) was discussed and provided to Assisted  
23 Living Coordinator (ALC), Melissa Villafana .  
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**NAME OF LICENSING PROGRAM MANAGER:** Efren Malagon  
**NAME OF LICENSING PROGRAM ANALYST:** Mary Rico  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/10/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/10/2025