

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331880774

Report Date: 02/11/2026

Date Signed: 02/11/2026 02:43:39 PM

Unfounded

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/05/2026** and conducted by Evaluator Armando Perez

	COMPLAINT CONTROL NUMBER: 18-AS-20260205122032
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FACILITY NAME: DISCOVERY COMMONS RAINCROSS	FACILITY NUMBER: 331880774
ADMINISTRATOR: MARY MCCLURE	FACILITY TYPE: 740
ADDRESS: 5232 CENTRAL AVENUE	TELEPHONE: (951) 785-1200
CITY: RIVERSIDE	STATE: CA
CAPACITY: 120	ZIP CODE: 92504
	CENSUS: 68
MET WITH: Resident Care Director William Lewallen	DATE: 02/11/2026
	UNANNOUNCED TIME BEGAN: 02:00 PM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff are not ensuring resident receives phone calls
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Armando Perez and Ahliah Sharp, conducted an unannounced visit to
2	deliver findings for a complaint investigation regarding the above allegation. LPA Perez met with Resident
3	Care Director William Lewallen, where the LPA explained the purpose of the visit and the elements of the
4	allegation. The investigation consisted of interviews with staff and witnesses and file reviews.
5	
6	On February 05, 2026, Community Care Licensing Division (CCLD), received a complaint alleging that
7	facility staff are not ensuring resident receives phone calls. Interview with Executive Director Mary
8	MCClure, revealed that the name provided did not match any current residents. A request to interview
9	Additional Witness 1 (AW1) was attempted and AW1 did not respond to request to obtain further
10	information. Information obtained through Interview with Responsible Party confirmed Resident 1 (R1)
11	did not reside at the facility. LPA interviewed Witness 2 (W2), and corroborated statements made by ED
12	and RP confirming the facility was not the R1's residence. A review of facility records, including resident
13	rosters, revealed no documented names matching the name reported. Continued on LIC 9099-C.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Armando Perez
LICENSING EVALUATOR SIGNATURE:

DATE: 02/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/11/2026

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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Control Number 18-AS-20260205122032

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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: DISCOVERY COMMONS RAINCROSS

FACILITY NUMBER: 331880774

VISIT DATE: 02/11/2026

NARRATIVE

1 Based on interviews, research, and record review, the allegation that facility staff are not ensuring
2 resident receives phone calls is unfounded due to the listed resident not residing at the facility. A finding
3 that the allegation is unfounded meaning that the allegation was false, could not have happened, and/or
4 is without a reasonable basis. Therefore, this complaint is dismissed.

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6 An exit interview was conducted. A copy of this report was provided to Resident Care Director William
7 Lewallen.
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SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Armando Perez
LICENSING EVALUATOR SIGNATURE:

DATE: 02/11/2026

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DATE: 02/11/2026

LIC9099 (FAS) - (06/04)

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