

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331880924
Report Date: 06/10/2026
Date Signed: 06/10/2026 04:04:44 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 **06/04/2026** and conducted by Evaluator Ivashia Wright

	COMPLAINT CONTROL NUMBER: 18-AS-20260604134410
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FACILITY NAME:	CITRUS PLACE	FACILITY NUMBER:	331880924
ADMINISTRATOR:	MEGAN BLACHER	FACILITY TYPE:	740
ADDRESS:	7898 CALIFORNIA AVENUE	TELEPHONE:	(951) 687-2241
CITY:	RIVERSIDE	ZIP CODE:	92504
CAPACITY:	140	DATE:	06/10/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	02:45 PM
	CENSUS: 109	TIME	04:20 PM
MET WITH:	Executive Director, Megan Blacher	COMPLETED:	

ALLEGATION(S):

1	Staff did not ensure resident had a care plan
2	Staff are not meeeting residents needs
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INVESTIGATION FINDINGS:

1	On June 10, 2026 Licensing Program Analyst (LPA) Ivashia Wright arrived unannounced at the facility to
2	initiate a complaint investigation. LPA was granted entry and met with Executive Director Megan Blacher
3	and explained the purpose of the visit.
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5	LPA conducted a tour of the facility, conducted interviews, and requested copies of pertinent
6	documentation. Interview with Executive Director Megan revealed Resident (R1) lives in the independent
7	living units at the facility. Record review of the facility's assisted living, memory care and Independent
8	living resident rosters confirmed R1 lives in the facility's independent living units, which is not licensed by
9	the Department and Community Care Licensing (CCL). LPA Wright further verified this by obtaining a
10	copy of relevant residents' lease. Therefore, the allegations Staff did not ensure resident had a care plan
11	and Staff are not meeting residents needs has been deemed Unfounded at this time.
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Jazmond D Harris	
LICENSING EVALUATOR NAME: Ivashia Wright	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/10/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/10/2026

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
Control Number 18-AS-20260604134410

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CITRUS PLACE	FACILITY NUMBER: 331880924
	VISIT DATE: 06/10/2026

NARRATIVE	
1	A finding that the complaint is unfounded means the allegation is false, could not have happened, and/or
2	is without a reasonable basis.
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4	A exit interview was conducted and a copy of this report along with LIC811 – confidential names list was
5	provided to Megan.
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SUPERVISORS NAME: Jazmond D Harris	
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