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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331881073
Report Date: 04/09/2026
Date Signed: 04/09/2026 10:45:16 AM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/04/2025** and conducted by Evaluator Yolanda Delgado

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20251004210911

FACILITY NAME:	MENIFEE SENIOR LIVING			**FACILITY NUMBER:**	331881073
ADMINISTRATOR:	LETH, RANCE			**FACILITY TYPE:**	740
ADDRESS:	28333 VALLEY BOULEVARD			**TELEPHONE:**	(951) 679-8811
CITY:	SUN CITY	**STATE:** CA		**ZIP CODE:**	92586
CAPACITY:	220	**CENSUS:** 164		**DATE:**	04/09/2026
		UNANNOUNCED		**TIME BEGAN:**	09:36 AM
MET WITH:	Rance Leth, Executive Director			**TIME COMPLETED:**	10:45 AM

ALLEGATION(S):

1	Staff sexually abused resident.
2	Staff handled resident in a rough manner.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Yolanda Delgado conducted a subsequent complaint visit to deliver
2	final findings for the above allegations. During today's visit, LPA Yolanda Delgado met with Rance Leth
3	and explained the reason for the visit.
4	
5	On 10/04/2025, the Riverside Adult and Senior Regional Office (RO) received a complaint regarding
6	allegations Staff sexually abused resident and staff handled resident in a rough manner. It was reported
7	that Staff #1 (S1) arrived to give Resident #1 (R1) a bed bath on 9/23/2025 and a bed bath on 9/25/2025
8	and S1 rubbed R1's clitoris. On 9/7/2025 and 9/8/2025 Staff #2 improperly tried to pull R1 out of bed,
9	injuring R1's shoulder. Regarding the allegation that "staff sexually abused resident" It was reported that
10	Staff #1 (S1) arrived to give Resident #1 (R1) a bed bath on 9/23/2025 and a bed bath on 9/25/2025 and
11	S1 rubbed R1's clitoris. Facility records revealed that S1 was not assigned to R1's room and the floor on
12	the dates alleged by R1.
13	(Continued on Page 2)

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Yolanda Delgado
LICENSING EVALUATOR SIGNATURE:
DATE: 04/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/09/2026

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

Control Number 18-AS-20251004210911

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: MENIFEE SENIOR LIVING **FACILITY NUMBER:** 331881073
VISIT DATE: 04/09/2026

NARRATIVE

(Continued from Page 1)

Shower logs and staff assignments records reflect that S1 did not provide care, including bathing assistance to R1 on the alleged dates. Documentation shows that R1 refused a scheduled shower on 9/23/2025 when assigned staff attempted to provide care. A review of records revealed no injuries or findings consistent with sexual abuse, and no evidence, witness statements, or independent information were obtained to corroborate the allegation. Interviews with facility staff and residents, including R1 and R1's family members, there is insufficient evidence to support the allegation of sexual abuse.

Regarding the allegation Staff handled resident in a rough manner. It was reported that Staff #2 (S2) on 9/7/2025 and 9/8/2025 S2 improperly tried to pull R1 out of bed, injuring R1's shoulder. Facility records revealed that S2 did not work on 9/7/2025 and 9/8/2025, a review of medical records for R1 had a fall on 9/1/2025 at 0400 hours at the facility and was treated at the ER for Right foot fracture; left ankle sprain while attempting to ambulate to the bathroom. On 9/7/2025 R1 had an Emergency Room follow-up related to severe diarrhea. Interviews conducted with staff, residents, including R1 did not corroborate the allegation that staff handled R1 in a rough manner. Records further reflect that R1 experienced a significant decline in physical and cognitive condition during the relevant period, including multiple falls, decreased mobility and neurological complications requiring a higher level of care.

Based on the inconsistencies in R1's statements, lack of corroborating evidence, absence of physical findings, and the documented staff assignments, the allegations is deemed Unsubstantiated. The preponderance of evidence standard has not been met. Therefore, the above allegations are found to be Unsubstantiated.

An exit interview was conducted with Rance Leth and a copy of this report along with LIC811-Confidential Names list was provided.

SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Yolanda Delgado
LICENSING EVALUATOR SIGNATURE:
DATE: 04/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/09/2026