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**Department of**

# SOCIAL SERVICES

*Community Care Licensing*

# *COMPLAINT INVESTIGATION REPORT*

**Facility Number:** 331881358
**Report Date:** 07/16/2026
**Date Signed:** 07/16/2026 10:26:22 AM

## Unfounded

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/06/2026** and conducted by Evaluator Toni Nwala

| | |
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| | **COMPLAINT CONTROL NUMBER:** 18-AS-20260706144125 |

| | | | | | |
|---|---|---|---|---|---|
| **FACILITY NAME:** | SUN CITY GARDENS | | | **FACILITY NUMBER:** | 331881358 |
| **ADMINISTRATOR:** | DIANE DOMINGO | | | **FACILITY TYPE:** | 740 |
| **ADDRESS:** | 28500 BRADLEY ROAD | | | **TELEPHONE:** | (951) 679-2391 |
| **CITY:** | SUN CITY | **STATE:** CA | | **ZIP CODE:** | 92586 |
| **CAPACITY:** | 74 | **CENSUS:** 44 | | **DATE:** | 07/16/2026 |
| | | UNANNOUNCED | | **TIME BEGAN:** | 09:20 AM |
| **MET WITH:** | Patricia Russell | | | **TIME COMPLETED:** | 10:40 AM |

**ALLEGATION(S):**

| | |
|---|---|
| 1 | Resident sustained bites and rash due to staff neglect or physical abuse |
| 2 | Staff do not ensure facility is free of insects |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

**INVESTIGATION FINDINGS:**

| | |
|---|---|
| 1 | On July 16, 2026, at approximately 9:20 a.m., Licensing Program Analyst (LPA) Toni Nwala conducted an |
| 2 | unannounced visit to the facility to initiate the investigation into the allegations listed above. The LPA met |
| 3 | with Patricia Russell, Executive Director, and informed her of the purpose of the visit. |
| 4 | |
| 5 | The LPA conducted a review of facility records and requested copies of pertinent documentation. During |
| 6 | the visit, the LPA did not observe any health or safety concerns.Based on the record review, the |
| 7 | allegations that a resident sustained bites and a rash due to staff neglect or physical abuse, and that staff |
| 8 | failed to ensure the facility was free of insects, are determined to be unfounded. The investigation |
| 9 | confirmed that Resident 1 (R1) is not associated with the licensed facility, as R1 resides in the |
| 10 | independent living section of the campus, which is not part of the licensed residential care facility. |
| 11 | |
| 12 | A finding that a complaint is unfounded means that the allegation is false, could not have happened, |
| 13 | and/or is without a reasonable basis. |
| | |
| | An exit interview was conducted, and a copy of this report was explained and emailed to the ED, Patricia Russell. |

| Unfounded | Estimated Days of Completion: |
|---|---|

**SUPERVISORS NAME:** Anthony Perez
**LICENSING EVALUATOR NAME:** Toni Nwala
**LICENSING EVALUATOR SIGNATURE:**
**DATE:** 07/16/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**
**DATE:** 07/16/2026

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