

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331881480
Report Date: 09/24/2025
Date Signed: 09/24/2025 02:47:55 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/25/2025** and conducted by Evaluator Armando Perez

	COMPLAINT CONTROL NUMBER: 18-AS-20250825145647
--	---

FACILITY NAME: SAVANT OF RIVERSIDE	FACILITY NUMBER: 331881480
ADMINISTRATOR: MOLLY BOWIE	FACILITY TYPE: 740
ADDRESS: 4609 ARLINGTON AVE	TELEPHONE: (951) 462-1025
CITY: RIVERSIDE	STATE: CA ZIP CODE: 92504
CAPACITY: 232	CENSUS: 96 DATE: 09/24/2025
MET WITH: Wellness Director Olga Morales	UNANNOUNCED TIME BEGAN: 01:15 PM
	TIME COMPLETED: 02:30 PM

ALLEGATION(S):

1	Resident hit another resident due to staff neglect
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Armando Perez, conducted an unannounced visit to deliver findings for
2	a complaint investigation regarding the above allegation. LPA Perez met with Wellness Director Olga
3	Morales, where the LPA explained the purpose of the visit and the elements of the allegation. The
4	investigation consisted of interviews with staff and witnesses, file reviews and observations.
5	
6	On August 25, 2025, Community Care Licensing Division (CCLD) received a complaint alleging that a
7	resident hit another resident due to staff neglect. On August 23, 2025, it was reported that Resident 1
8	(R1) was awakened by a physical altercation involving Resident 2 (R2). The incident is alleged to have
9	resulted from staff neglect. Multiple interview attempts were made with Additional Witness 1 (AW1) to
10	gather further information, however, AW1 did not respond to the interview request
11	
12	Continued on LIC 9099-C.
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Armando Perez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/24/2025

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 3

Control Number 18-AS-20250825145647

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: SAVANT OF RIVERSIDE

FACILITY NUMBER: 331881480

VISIT DATE: 09/24/2025

NARRATIVE

- 1 Interview with Resident 1 (R1) reported being attacked with an object in their room. R1 was unable to
- 2 describe the object, provide the individual's name, or offer a physical description, stating only that they
- 3 did not recognize them.
- 4
- 5 Later in the same interview, R1 recalled that the individual may have been in a wheelchair and had a
- 6 woman's name, though no further identifying details were provided. R1 stated that they did not press
- 7 their emergency pendant or call out for staff assistance during the incident, explaining that they were
- 8 focused on the pain and didn't think to do so. Despite the alleged event, R1 expressed that they do not
- 9 feel neglected by the facility staff and affirmed that they do a good job caring for her.
- 10
- 11 Interview with Resident 2 (R2) stated that they entered R1's room on August 23, 2025. R2 reported
- 12 calling out to R1 and believed they heard a response granting permission to enter. As R2 moved closer,
- 13 R1 appeared startled, disoriented, and confused. R2 denied any physical contact with R1 and stated
- 14 that they exited the room shortly thereafter. R2 expressed that they had no reason to believe their
- 15 actions would be interpreted as an assault.
- 16
- 17 Interview with Witness 1 (W1) revealed that they did not hear an attack take place and could only
- 18 acknowledge that R2 was at the entrance of the door. W1 could not determine if R2 entered the room
- 19 since a covering separates their beds. W1 added that even though their view was obstructed, they did
- 20 not hear any altercation or attack had occurred.
- 21
- 22 Interview with Executive Director Molly Bowie (ED) reported that staff had not reported any concerns
- 23 with observed interactions between R1 and R2. ED added that R1 waited until the following morning to
- 24 report the alleged attack to staff. ED stated that proper procedure was followed, contacting law
- 25 enforcement and responsible parties. ED stated that the allegation was handled with diligence and
- 26 investigation did not result in valid concerns.
- 27
- 28 Interview with 5 out 5 staff corroborated that R1 did not have any visual bruising or marks consistent
- 29 with a physical attack. Additionally, it was supported that R2 is observed to be vocal with their words and
- 30 not known to have a history of physical aggression towards staff or residents.
- 31
- 32 Continued on LIC 9099-C.

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Armando Perez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/24/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 18-AS-20250825145647

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** SAVANT OF RIVERSIDE**FACILITY NUMBER:** 331881480**VISIT DATE:** 09/24/2025**NARRATIVE**

1 On August 29, 2025, Licensing Program Analyst (LPA) Armando Perez conducted observations related
 2 to the reported allegation. During the visual assessment of areas reviewed, no injuries or physical
 3 markings were observed on R1 that would be consistent with signs of a physical assault. Through
 4 record review of staff scheduling records indicated that adequate staffing levels were in place to support
 5 proper resident supervision. Additionally, it appears sufficient staff were available to respond to the
 6 emergency if R1 had utilized the call system.
 7

8 Based on interviews, record reviews and observations the allegation that a resident hit another resident
 9 due to staff neglect has been deemed UNSUBSTANTIATED. A finding that the allegation is
 10 unsubstantiated means that although the allegation may have happened or is valid, there is not a
 11 preponderance of the evidence to prove that the alleged violation occurred.
 12

13 An exit interview was conducted. A copy of this report was provided to Activities Director Olga Morales.
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris**NAME OF LICENSING PROGRAM ANALYST:** Armando Perez**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 09/24/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 09/24/2025