

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

**COMPLAINT INVESTIGATION REPORT**

Facility Number: 331881480

Report Date: 01/30/2026

Date Signed: 01/30/2026 08:59:10 AM

**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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/23/2026** and conducted by Evaluator Armando Perez

	<b>COMPLAINT CONTROL NUMBER: 18-AS-20260123093937</b>
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<b>FACILITY NAME:</b> SAVANT OF RIVERSIDE	<b>FACILITY NUMBER:</b> 331881480
<b>ADMINISTRATOR:</b> MOLLY BOWIE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 4609 ARLINGTON AVE	<b>TELEPHONE:</b> (951) 462-1025
<b>CITY:</b> RIVERSIDE	<b>ZIP CODE:</b> 92504
<b>CAPACITY:</b> 232	<b>DATE:</b> 01/30/2026
<b>MET WITH:</b> Business Office Manager Crystal Maldonado	<b>UNANNOUNCED TIME BEGAN:</b> 08:31 AM
	<b>TIME COMPLETED:</b> 09:05 AM

**ALLEGATION(S):**

1	Staff failed to ensure that the resident's bed was maintained in proper working condition.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA), Armando Perez, conducted an unannounced visit to deliver findings for a complaint investigation regarding the above allegation. LPA Perez met with Business Office Manager,
2	Crystal Maldonado, where the LPA explained the purpose of the visit and the elements of the allegation.
3	The investigation consisted of interviews with staff and witnesses and file reviews.
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6	On January 23, 2026, Community Care Licensing Division (CCLD), received a complaint alleging that
7	facility staff failed to ensure that the resident's bed was maintained in proper working condition. Interview
8	with Executive Director, Molly Bowie, revealed that the name provided did not match any current or
9	former residents. Interview with Additional Witness 1 (AW1) confirmed the residence of Resident 1 (R1)
10	did not match the facility address. LPA interviewed Witness 2 (W2), and corroborated statements made
11	by ED and AW1 confirming the facility was not the R1's residence. A review of facility records, including
12	resident rosters, revealed no documented names matching the name reported.
13	Continued on LIC 9099-C.

<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Jazmond D Harris  
**LICENSING EVALUATOR NAME:** Armando Perez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/30/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/30/2026

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-20260123093937

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:** 01/30/2026

### NARRATIVE

1 Based on interviews, research, and record review, the allegation that facility staff failed to ensure that  
2 the resident's bed was maintained in proper working condition is unfounded due to the listed resident  
3 not residing at the facility. A finding that the allegation is unfounded meaning that the allegation was  
4 false, could not have happened, and/or is without a reasonable basis. Therefore, this complaint is  
5 dismissed.  
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7 An exit interview was conducted. A copy of this report was provided to Business Office Manager, Crystal  
8 Maldonado.  
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**SUPERVISORS NAME:** Jazmond D Harris  
**LICENSING EVALUATOR NAME:** Armando Perez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/30/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/30/2026

LIC9099 (FAS) - (06/04)

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