

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331881518
Report Date: 10/27/2025
Date Signed: 10/27/2025 05:54:32 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 **10/24/2025** and conducted by Evaluator Valerie Flores

	COMPLAINT CONTROL NUMBER: 18-AS-20251024114224
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FACILITY NAME: BOUNTIFUL GARDENS	FACILITY NUMBER: 331881518
ADMINISTRATOR: WHITE, MALCOLM E	FACILITY TYPE: 740
ADDRESS: 291 BRANDON WAY	TELEPHONE: (619) 347-2140
CITY: HEMET	ZIP CODE: 92545
CAPACITY: 6	DATE: 10/27/2025
MET WITH: Staff, Sunny Rosete	UNANNOUNCED TIME BEGAN: 04:00 PM
	TIME COMPLETED: 06:00 PM

ALLEGATION(S):

1	Staff touches resident inappropriately
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INVESTIGATION FINDINGS:

1	On 10/27/2025, Licensing Program Analyst (LPA) Valerie Flores conducted an unannounced visit to the facility for the purpose of launching the complaint investigation into the allegation listed above. LPA
2	Flores was greeted and was granted entry into the facility by staff, Sunny Rosete. LPA introduced herself
3	and explained to Sunny the purpose of the visit. The complaint investigation consisted of interviews.
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6	Information received alleged Staff #1 (S1) inappropriately touched residents private areas while changing
7	and showering the residents. Interviews conducted with (4) four out of (4) four residents reported that S1
8	has never inappropriately touched their private areas. Interviews conducted with S1 and Staff #2 (S2)
9	corroborated residents statement reporting that S1 has never inappropriately touched residents private
10	areas.
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12	(Continue to LIC9099C...)
13	

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Valerie Flores
LICENSING EVALUATOR SIGNATURE: _____
DATE: 10/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 10/27/2025

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 2
Control Number 18-AS-20251024114224

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

FACILITY NAME: BOUNTIFUL GARDENS **FACILITY NUMBER:** 331881518
VISIT DATE: 10/27/2025

NARRATIVE	
1	(Continuation from LIC9099...)
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4	Therefore, the allegation of staff touches resident inappropriately is deemed unfounded. A finding that
5	the allegation is unfounded meaning that the allegation was false, could not have happened, and/or is
6	without a reasonable basis.
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8	An exit interview was conducted, and a copy of this report was provided to staff, Sunny Rosete.
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SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Valerie Flores
LICENSING EVALUATOR SIGNATURE: _____
DATE: 10/27/2025

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