

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331881582

Report Date: 03/03/2026

Date Signed: 03/03/2026 04:56:48 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 **02/25/2026** and conducted by Evaluator Valerie Flores

	COMPLAINT CONTROL NUMBER: 18-AS-20260225084111
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FACILITY NAME: MURRIETA GARDENS	FACILITY NUMBER: 331881582
ADMINISTRATOR: KAVENAUGH, BRITTANY	FACILITY TYPE: 740
ADDRESS: 24200 MONROE AVE	TELEPHONE: (951) 600-7676
CITY: MURRIETA	ZIP CODE: 92562
CAPACITY: 126	DATE: 03/03/2026
MET WITH: Administrator Kylee Carter	UNANNOUNCED TIME BEGAN: 02:45 PM
	TIME COMPLETED: 05:10 PM

ALLEGATION(S):

1	Staff did not prevent one resident from hitting another resident
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INVESTIGATION FINDINGS:

1	On 3/3/2026, Licensing Program Analyst (LPA) Valerie Flores conducted an unannounced visit to the
2	facility for the purpose of launching the complaint investigation into the allegation listed above. LPA met
3	with Administrator Kylee Carter and explained the purpose of the visit.
4	
5	Information received alleged staff did not prevent Resident #2 (R2) from hitting Resident #1 (R1).
6	Interview with Staff #1 (S1) reported that R1 and R2 were sitting on the couch in the main room. S1 was
7	standing in close proximity to the resident when S1 overheard noises. S1 glanced up and observed R1
8	and R2 grabbed onto each other's forearms and were tugging back and forth. As S1 approached the
9	residents, S1 observed R2 release their right hand from R1's left forearm and began striking R1 on the
10	left side of R1's head with an open hand. S1 reported that they placed their body in between both
11	residents to separate the residents. S1 further reported that Staff #2 (S2) overheard the commotion and
12	redirected R1 to a safer area.
13	(Continue to LIC9099C...)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Valerie Flores
LICENSING EVALUATOR SIGNATURE:

DATE: 03/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/03/2026

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-20260225084111

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: MURRIETA GARDENS

FACILITY NUMBER: 331881582

VISIT DATE: 03/03/2026

NARRATIVE

1 (Continuation from LIC9099)
2

3 Interview with S2 reported that S2 was standing near the entryway of the main room when S2 overheard
4 a loud slapping noise. S2 reportedly rushed towards the noise and observed R2 with their hand raised
5 and began hitting R1 with an open hand. S2 reported observing S1 separating the resident and S2
6 assisted with redirecting R1 away from R2. After the residents were separated, staff reported that S2
7 contacted emergency personnel as R1's left side of the forehead had light bleeding. Staff report that R1
8 had prior stitching due to an unrelated incident. As a result of the physical altercation, a stitch on R1's
9 forehead was removed. Staff interviews reported that S2 contacted emergency personnel. Upon
10 emergency personnel's arrival, R1 was transported to the hospital due to the stitch being removed from
11 R1's head. Interviews with staff and Witness #1 (W1) reported that R2 was not observed to have
12 sustained any injuries. Staff interviews reported that R2 does not have a history being physically or
13 verbally aggressive towards residents and does not require constant care and supervision. LPA
14 attempted to interview R1 and R2 but due to cognitive abilities, the interview attempts were
15 unsuccessful. A review of R2's care plan details that R2 requires checks at more frequent interval and
16 may exhibit physically or verbally aggressive behaviors. A review of R1's care plan detailed that R1
17 requires checks a regular intervals and has a history of aggressive behaviors in prior facilities. Records
18 review conducted for R1 and R2 does not report either residents requiring constant care and
19 supervision. Interview with Administrator explained that regular checks are conducted every two hours
20 and frequent checks are conducted every hour. LPA was informed that the facility does not maintain
21 surveillance cameras in that location of the building.
22

23 Due to insufficient evidence, the allegation of staff did not prevent one resident from hitting another
24 resident is deemed UNSUBSTANTIATED. A finding that the complaint is unsubstantiated means
25 although the allegation may have happened and/or is valid, there is not a preponderance of evidence to
26 prove the allegation did or did not occur.
27

28 An exit interview was conducted, and a copy of this report was provided to Administrator Kylee Carter.
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SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Valerie Flores
LICENSING EVALUATOR SIGNATURE:

DATE: 03/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/03/2026

LIC9099 (FAS) - (06/04)

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