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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331881582
Report Date: 07/02/2026
Date Signed: 07/02/2026 02:36:36 PM

Unfounded

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/28/2026** and conducted by Evaluator Ivashia Wright

	COMPLAINT CONTROL NUMBER: 18-AS-20260628181251

FACILITY NAME:	MURRIETA GARDENS			**FACILITY NUMBER:**	331881582
ADMINISTRATOR:	KAVENAUGH, BRITTANY			**FACILITY TYPE:**	740
ADDRESS:	24200 MONROE AVE			**TELEPHONE:**	(951) 600-7676
CITY:	MURRIETA	**STATE:** CA		**ZIP CODE:**	92562
CAPACITY:	126	**CENSUS:**	UNANNOUNCED	**DATE:**	07/02/2026
				TIME BEGAN:	11:55 AM
MET WITH:	Kylee Carter, Administrator			**TIME COMPLETED:**	02:45 PM

ALLEGATION(S):

1	Unlawful eviction
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ivashia Wright made an unannounced visit to initiate the investigation
2	regarding the allegation listed above. LPA was granted entry and met with Administrator Kylee Carter and
3	explained the purpose of the visit. LPA conducted a tour of the facility, conducted interviews with staff,
4	witnesses, and requested copies of pertinent documentation.
5	
6	In regard to the unlawful eviction, it was reported that R1 was set to be discharged from the facility on
7	6/29/2026. Interview with Administrator Kylee revealed R1 has not been issued a eviction notice. Kylee
8	reported R1 has not left the facility since admission. Administrator Kylee reported Temecula Valley
9	Hospital made an arragement to pay for 1 month of services for R1 beginning 5/29/26 and ending
10	6/28/26. Information obtained from interview with R1's Responsible party corroborated that the facility did
11	not issue a eviction notice to R1 and R1 still resides at the facility. R1's responsible party reported they
12	were unsure how R1's rent would be paid after 6/28/26.
13	Continued on LIC 9099-C...

Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Ivashia Wright
LICENSING EVALUATOR SIGNATURE:
DATE: 07/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/02/2026

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

Control Number 18-AS-20260628181251

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: MURRIETA GARDENS **FACILITY NUMBER:** 331881582
VISIT DATE: 07/02/2026

NARRATIVE

R1's Responsible party reported they reached out to Adult Protection Service (APS) for assistance with getting R1's Assisted Living Waiver (ALW) approved quickly to assist with R1's rent. R1's Responsible party reported that as of 7/1/26 R1 was successfully enrolled in the ALW program. LPA Wright further verified this by obtaining a copy of ALW documents provided by APS.

Based on staff interviews, witness interview, and R1's files allegations that R1 was unlawfully evicted has been deemed unfounded. This means that the allegation is false, could not have happened, or is without a reasonable basis.

An exit interview was conducted and a copy of this report was discussed and provided to Administrator Kylee Carter.

SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Ivashia Wright
LICENSING EVALUATOR SIGNATURE:
DATE: 07/02/2026

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DATE: 07/02/2026