

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 335530032

Report Date: 02/17/2026

Date Signed: 02/17/2026 01:43:33 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/09/2026** and conducted by Evaluator Javier Prieto

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260209090340
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FACILITY NAME: SAVANT OF JURUPA VALLEY	FACILITY NUMBER: 335530032
ADMINISTRATOR: PATRICK L. MCADOO-MORTON	FACILITY TYPE: 740
ADDRESS: 5881 EL PALOMINO DRIVE	TELEPHONE: (951) 685-3333
CITY: RIVERSIDE	ZIP CODE: 92509
CAPACITY: 197	DATE: 02/17/2026
MET WITH: Marc Pacia, Executive Director	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 01:30 PM

ALLEGATION(S):

1	Staff handled resident in a rough manner
2	Staff do not answer residents' call buttons in a timely manner
3	Staff do not ensure that a resident's incontinence needs are met
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Javier Prieto arrive to the facility to conduct a complaint investigation regarding the above allegations. LPA Prieto met with Executive Director Pacia and explained the elements of the complaint.
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5	Allegation #1 - Investigation revealed that resident #1 (R1), in question, received a bed bath and alleged that R1 was treated in a rough manner. Interview with R1 reveal that staff does not treat her in a rough manner and staff continue to provide "outstanding" care. Documentation obtained from Residence Service Director (S1), reveal the bathing incident agreeing to bed bath.
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10	Allegation #2 - LPA observed R1 wearing her call button. LPA asked R1 if she utilizes her call button often to have staff address her needs. R1 replied that she does and does not have to use it much because staff are attentive to her needs.
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12	
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Javier Prieto
LICENSING EVALUATOR SIGNATURE:

DATE: 02/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/17/2026

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 56-AS-20260209090340

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: SAVANT OF JURUPA VALLEY

FACILITY NUMBER: 335530032

VISIT DATE: 02/17/2026

NARRATIVE

1 Allegation #3 - LPA interviewed R1, who states her incontinence care needs are being met. Interview
2 with S1 states R1's incontinence care are being met and provided LPA with R1's needs and care plan
3 indicating that R1 has daily incontinence care relating to bladder, bowels and skins check, daily.
4
5 Based on the information obtained there is not enough evidence to support the allegations made in this
6 complaint. Therefore, the allegations are deemed UNSUBSTANTIATED at this time. This report was
7 signed by LPA Prieto and Executive Director Pacia this report was left with the facility.
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SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Javier Prieto
LICENSING EVALUATOR SIGNATURE:

DATE: 02/17/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/17/2026

LIC9099 (FAS) - (06/04)

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COMMUNITY CARE LICENSING DIVISION
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COMPLAINT INVESTIGATION REPORT

PUBLIC

COMPLAINT CONTROL NUMBER: 56-AS-20260209090340

FACILITY NAME: SAVANT OF JURUPA VALLEY

FACILITY NUMBER: 335530032

ADMINISTRATOR:PATRICK L. MCADOO-MORTON

FACILITY TYPE: 740

ADDRESS: 5881 EL PALOMINO DRIVE

TELEPHONE: (951) 685-3333

CITY: RIVERSIDE

STATE: CA

ZIP CODE: 92509

CAPACITY: 197

CENSUS: 142

DATE: 02/17/2026

MET WITH: Marc Pacia, Executive Director

UNANNOUNCED TIME BEGAN: 10:00 AM

TIME COMPLETED: 01:30 PM

ALLEGATION(S):

1 Staff do not communicate with resident's responsible party regarding resident's care
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Javier Prieto arrive to the facility to conduct a complaint investigation
2 regarding the above allegations. LPA Prieto met with Executive Director Pacia and explained the
3 elements of the complaint.
4
5 Allegation #4 - LPA interviewed Executive Director (S2) reveals that resident #1 (R1), in question, is their
6 own responsible party. S2 produced that R1's admission agreement that reveals that R1 is their own
7 responsible party. LPA interviewed R1 in question who states that she is her own responsible and
8 communicates with staff while residing at the facility.
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10 This agency has investigated the complaint alleging staff do not communicate with resident's responsible
11 party regarding resident's care. We have found that the complaint was UNFOUNDED, meaning that the
12 allegations were false, could not have happened and/or is without a reasonable basis. We have therefore
13 dismissed the complaint.

Unfounded

Estimated Days of Completion:

SUPERVISORS NAME: Karen Clemons

LICENSING EVALUATOR NAME: Javier Prieto

LICENSING EVALUATOR SIGNATURE:

DATE: 02/17/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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