

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 335530134
Report Date: 08/04/2026
Date Signed: 08/04/2026 12:01:14 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO 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 **07/31/2026** and conducted by Evaluator Beena Singh

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260731115328
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FACILITY NAME:	GARDENS OF RIVERSIDE, THE	FACILITY NUMBER:	335530134
ADMINISTRATOR:	GARCIA, GRISELDA "GRACIE".	FACILITY TYPE:	740
ADDRESS:	10849 ARLINGTON AVENUE	TELEPHONE:	(951) 637-8844
CITY:	RIVERSIDE	ZIP CODE:	92505
CAPACITY:	98	DATE:	08/04/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	08:50 AM
	CENSUS: 88	TIME COMPLETED:	12:30 PM
MET WITH:	Facility Administrator Griselda Gracie Garcia		

ALLEGATION(S):

1	Resident sustained fracture due to staff neglect or physical abuse.
2	Staff do not allow resident to have visitors.
3	Staff do not allow resident to leave the facility.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Beena Singh conducted an unannounced visit to the facility to conduct a complaint investigation on the above allegations. LPA Singh met with front staff and granted entry to the facility. Administrator was informed and arrived during the visit. LPA Singh met Facility Administrator
2	Griselda Gracie Garcia and discussed the purpose of the visit.
3	LPA Singh interviewed staff, residents and obtained pertinent information pertaining to this complaint.
4	
5	First Allegation:-Resident sustained fracture due to staff neglect or physical abuse.
6	LPA Singh interviewed staff, residents, During the investigation, the LPA interviewed Resident #1's
7	responsible party and Power of Attorney (POA), who confirmed that on July 26, 2026, the resident
8	experienced a fall in the dining area after taking a wrong turn. The facility immediately called 911 and
9	notified the POA, who arrived quickly as the resident was transferred to the hospital to check for a
10	fracture resulting from the fall. The resident has since been taken to urgent care, an orthopedic
11	appointment, and subsequent follow-ups.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Efren Malagon	
LICENSING EVALUATOR NAME: Beena Singh	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/04/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/04/2026

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 3
Control Number 56-AS-20260731115328

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: GARDENS OF RIVERSIDE, THE	FACILITY NUMBER: 335530134
	VISIT DATE: 08/04/2026

NARRATIVE	
1	Two(2) out of Two(2) staff and Four(4) out of Four Residents stated that facility does
2	not neglect the residents and do supervises the residents. Furthermore, Residents,
3	Resident #1 and family (POA) expressed happiness with the care provided by the
4	facility staff, describing them as very kind and caring toward the residents.
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7	Second Allegation:-Staff do not allow resident to have visitors.
8	LPA Singh reviewed records and according to sign in/out sheet family and friends of Resident#1 are
9	visiting Resident#1 regularly.
10	Two(2) out of Two(2)Staff, Resident#1's responsible party, and Four(4) out of four(4) residents confirmed
11	that family visitations are permitted during designated hours and sign in/out sheet reflects family
12	visitation for resident#1 at the facility.
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17	Third Allegation:-Staff do not allow resident to leave the facility.
18	LPA Singh reviewed records and, according to the needs and services documents,
19	Resident #1 participates in family outings and attends medical appointments with
20	family members. Additionally, two (2)out of two staff members, the resident's
21	responsible party, and four(4) out of four residents confirmed that the facility allows
22	residents to leave the premises safely with their family and friends.
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25	The investigation did not provide any evidence or witnesses that indicated these interactions
26	took place or that there was any neglect/lack of supervision by the facility staff. There is
27	insufficient evidence to prove that Resident sustained fracture due to staff neglect or physical
28	abuse, Staff do not allow resident to have visitors and Staff do not allow resident to leave the
29	facility, thus, the allegations are Unsubstantiated .
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LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 56-AS-20260731115328

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: GARDENS OF RIVERSIDE, THE

FACILITY NUMBER: 335530134

VISIT DATE: 08/04/2026

NARRATIVE

1 Therefore, based on the evidence gathered during the investigation, the allegations listed
2 above are deemed **UNSUBSTANTIATED**. A finding that the complaints are
3 **UNSUBSTANTIATED** means although the allegations may have happened or are valid,
4 there is not a preponderance of evidence to prove the alleged violations did or did not occur.
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7 Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,
8 of the California Code of Regulations.
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12 An exit interview was conducted, this report LIC9099 was signed by LPA Singh and Facility
13 Administrator Griselda Gracie Garcia.
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