

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336403028

Report Date: 03/18/2026

Date Signed: 03/18/2026 10:11:27 AM

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 **12/11/2023** and conducted by Evaluator Antonine Richard

	COMPLAINT CONTROL NUMBER: 18-AS-20231211105611
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FACILITY NAME: SUNRISE AT CANYON CREST	FACILITY NUMBER: 336403028
ADMINISTRATOR: SEGURA, HEATHER	FACILITY TYPE: 740
ADDRESS: 5265 CHAPALA DR	TELEPHONE: (951) 686-6075
CITY: RIVERSIDE	ZIP CODE: 92507
CAPACITY: 88	DATE: 03/18/2026
MET WITH: Segura Heather	UNANNOUNCED TIME BEGAN: 09:22 AM
	TIME COMPLETED: 10:30 AM

ALLEGATION(S):

1	Staff did not provide adequate supervision, resulting in a resident pushing another resident out of bed onto the floor.
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INVESTIGATION FINDINGS:

1	On March 19, 2026, Licensing Program Analyst (LPA) Antonine Richard conducted an unannounced subsequent complaint visit. The LPA met with the Administrator (A1), Segura Heather, and explained the purpose of the visit.
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5	The investigation consisted of the following: On March 4, 2026, the department conducted interviews with the Administrator (A1) and three staff members (S1, S2, S3). The department also attempted to interview two residents, #1 and #2 (R1-R2), but was successful in interviewing only resident #3 (R3). Additionally, the department collected relevant documents for residents #1 and #2, including the Face Sheet, Admission Agreement, and Physician Reports. The department also collected staff training records for dementia, staff schedule, and the Unusual Incident Injury Report dated December 11, 2023.
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12	Report continued on LIC9099C
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Antonine Richard
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE:

DATE: 03/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/18/2026

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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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: SUNRISE AT CANYON CREST

FACILITY NUMBER: 336403028

VISIT DATE: 03/18/2026

NARRATIVE

1 **Allegation #1: Staff did not provide adequate supervision, resulting in a**
2 **resident pushing another resident out of bed onto the floor.**
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5 The complaint alleged that another resident became aggressive and pushed the
6 client out of the bed onto the floor. The department interviewed the administrator
7 (A1), who denied the allegation and stated that a staff member found resident #1
8 (R1) sitting on the floor next to the bed. A1 also mentioned that R1 has a history of
9 scooting off the bed, so staff regularly checked on R1 and confirmed that no
10 injuries were found. It was noted that R1 often tries to interact with other residents,
11 though sometimes they are not receptive.
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16 Additionally, the department interviewed three staff members (S1, S2, S3), all of
17 whom also denied the allegation. They reported that other residents enjoy playing
18 with R1 and that R1's room is located across from several other residents. At the
19 time of the incident, the staff noticed another resident (R2) in the room and
20 attempted to ask for help. Upon inspection, no injuries were found, and the staff
21 notified the responsible party about R1 sitting on the floor.
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25 The department attempted to interview R1 and R2 but could not gather any
26 information due to their cognitive impairment. Meanwhile, resident #3 (R3) stated
27 that R3 enjoys living in the facility and feels that the staff treats them well.
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30 **Report continued on LIC9099C**
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SUPERVISORS NAME: Antonine Richard
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE:

DATE: 03/18/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/18/2026

LIC9099 (FAS) - (06/04)

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Control Number 18-AS-20231211105611

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-

FACILITY NAME: SUNRISE AT CANYON CREST

FACILITY NUMBER: 336403028

VISIT DATE: 03/18/2026

NARRATIVE

1 A review of the Unusual Incident Injury Report submitted to the Community Care
2 Licensing Division (CCLD) by the facility on December 11, 2023, confirmed that
3 R1 was found sitting on the floor near the bed. The department also reviewed
4 several individual Team member dementia training courses with various titles. The
5 department also attempted to interview the responsible party, but, they declined to
6 answer any questions, stating that R1 had moved out of the facility two years ago
7 and had no further information.
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12 Although the allegation may have happened or is valid, there is no preponderance
13 of evidence to prove the alleged violation (s) did or did not occur; therefore, the
14 allegation is **unsubstantiated**.
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17 No deficiencies cited.
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20 An exit interview was conducted, and a copy of the report was given to
21 Administrator Heather Segura.
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SUPERVISORS NAME: Antonine Richard
LICENSING EVALUATOR NAME: Antonine Richard
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/18/2026