

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336413087

Report Date: 11/04/2025

Date Signed: 11/04/2025 09:27:40 AM

Unsubstantiated

| | |
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| 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 **06/29/2023** and conducted by Evaluator Mary G Flores

| | |
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| PUBLIC | COMPLAINT CONTROL NUMBER: 18-AS-20230629115702 |
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| FACILITY NAME: BROOKDALE MURRIETA | FACILITY NUMBER: 336413087 |
| ADMINISTRATOR: QUEEN AYERS | FACILITY TYPE: 740 |
| ADDRESS: 24350 JACKSON AVE | TELEPHONE: (951) 696-5753 |
| CITY: MURRIETA | ZIP CODE: 92562 |
| CAPACITY: 82 | DATE: 11/04/2025 |
| MET WITH: Celia Saldivar - Business Office Manager | UNANNOUNCED TIME BEGAN: 07:38 AM |
| | TIME COMPLETED: 09:45 AM |

ALLEGATION(S):

| | |
|---|--|
| 1 | Staff handled resident in a rough manner. |
| 2 | Staff not meeting resident toileting needs. |
| 3 | Staff did not provide medical attention to resident in care. |
| 4 | |
| 5 | |
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| 7 | |
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| 9 | |

INVESTIGATION FINDINGS:

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| 1 | Licensing Program Analyst (LPA) Mary Flores conducted an unannounced subsequent complaint investigation visit. LPA met with Celia Saldivar and explained the reason for the visit. |
| 2 | |
| 3 | |
| 4 | The investigation consisted of the following: On 7/5/23 LPA Mixson conducted an unannounced initial complaint investigation visit, interviewed 4 residents and 5 staff, and requested pertaining documents. On |
| 5 | 10/27/25 LPA Flores contacted administrator and requested copies of physician's report, service plan, |
| 6 | admission agreement, medication list, notes, incident reports for resident #1(R1). On 10/29/25 LPA |
| 7 | Flores conducted interviews over the phone with 5 staff. On 10/30/25 LPA conducted interviews with 3 |
| 8 | residents over the phone. On 11/3/25 LPA Flores interviewed 3 additional residents and conducted a tour |
| 9 | of the facility during another complaint investigation. On 11/4/25 LPA delivered findings for the above |
| 10 | allegations. |
| 11 | |
| 12 | |
| 13 | (CONTINUED ON LIC 9099C) |

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| Unsubstantiated | Estimated Days of Completion: |
|------------------------|--------------------------------------|

SUPERVISORS NAME: Tony Vasallo
LICENSING EVALUATOR NAME: Mary G Flores
LICENSING EVALUATOR SIGNATURE:

DATE: 11/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/04/2025

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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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: BROOKDALE MURRIETA

FACILITY NUMBER: 336413087

VISIT DATE: 11/04/2025

NARRATIVE

1 The investigation revealed the following: **Regarding allegation: Staff handled resident in a rough**
2 **manner.** It is alleged resident was thrown by facility staff out of the facility. Interviews with residents
3 revealed 6 out of 6 residents stated staff treat them with respect, have not hurt them, or yell at them. 1
4 out of the 6 stated there is a staff that is rude but has not verbally or physically assaulted residents. LPA
5 was unable to interview R1, as R1 is no longer at the facility. Interviews with staff revealed there have
6 not been observations or reports of staff mistreating residents. Per administrator there are no warnings
7 or other documents provided to staff to warrant staff mistreated residents within the last 2 years. Facility
8 staff received personal rights training between 4/17/23 – 4/21/23 and most recently on 9/25/25.

9
10 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
11 prove the alleged violation(s) did or did not occur, therefore the allegation is **UNSUBSTANTIATED.**

12
13 **Regarding allegation: Staff not meeting resident toileting needs.** It is alleged resident had dry feces
14 and was unkept. Interviews with residents revealed 3 out of 6 residents stated staff assist with changing
15 as needed and are prompt. 3 out of 6 residents do not require assistance with incontinence care.
16 Therefore, they didn't have an answer regarding this question. But they stated they have not observed
17 residents with odors due to incontinence. LPA was unable to interview R1 as R1 is no longer at the
18 facility. Interviews with staff revealed residents are assisted with toileting as needed. Residents with
19 incontinence care are provided assistance every two to four hours depending on their needs. If a
20 resident requires assistance more often staff provide it as needed. Per staff if a resident is in isolation
21 the care continues to be provided as needed while taking proper infection control precautions. Per
22 administrator, on 6/28/23 R1 was found on the floor and had recently had a bowel movement. Per their
23 facility protocol if the resident is in the floor and cannot be move emergency services are called. In this
24 case R1 could not have been changed before going to the hospital as facility's protocol is not to move
25 the residents until emergency services arrived. In this case R1. LPA was unable to interview R1, as R1
26 is no longer at the facility. Documents review revealed incident report dated 6/29/23 notes R1 had a fall
27 on 6/28/23 in which emergency services were called. Although the allegation could have happened, per
28 administrator R1 required emergency services at that time. Due to the circumstances, facility staff was
29 unable to provide toileting care during the incident. The allegation is unsubstantiated.

30
31 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
32 prove the alleged violation(s) did or did not occur, therefore the allegation is **UNSUBSTANTIATED.**
(CONTINUED ON LIC 9099C)

SUPERVISORS NAME: Tony Vasallo
LICENSING EVALUATOR NAME: Mary G Flores
LICENSING EVALUATOR SIGNATURE:

DATE: 11/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/04/2025

LIC9099 (FAS) - (06/04)

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Control Number 18-AS-20230629115702

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

**COMPLAINT INVESTIGATION REPORT
(Cont)**

RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: BROOKDALE MURRIETA

FACILITY NUMBER: 336413087

VISIT DATE: 11/04/2025

NARRATIVE

1 **Regarding allegation: Staff did not provide medical attention to resident in care.** It is alleged R1
2 had skin tears and an eye infection. Interviews with residents revealed 6 out of 6 residents stated that if
3 they needed medical assistance, they would notify Med-tech and they will obtain medical assistance for
4 them. Interviews with staff revealed upon a change in condition or need to send a resident out, the Med-
5 tech and facility's nurse evaluate the situation and send the resident out to the hospital. Unless the
6 resident refuses, then responsible parties are contact. Documents review revealed per physician's
7 report dated: 5/17/23 R1 had a medical condition in the right eye. Per Order summary report on 6/20/23
8 R1 was prescribed treatment for eye condition. Physician's fax report dated: 6/24/23 notes R1 had a fall
9 and sustain a skin tear which was treated by staff and physician was notified. Although R1 was
10 observed with skin tears and an eye infection per facility records, R1 received treatment for both.
11 Therefore the allegation is unsubstantiated.
12
13 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
14 prove the alleged violation(s) did or did not occur, therefore the allegation is **UNSUBSTANTIATED.**
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16 Exit interview was conducted with Kelly Best Health and Wellness Director an a copy of this report was
17 provided.
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SUPERVISORS NAME: Tony Vasallo
LICENSING EVALUATOR NAME: Mary G Flores
LICENSING EVALUATOR SIGNATURE: **DATE:** 11/04/2025

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