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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336413087
Report Date: 06/26/2026
Date Signed: 06/26/2026 01:05:16 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES** **COMMUNITY CARE LICENSING DIVISION** **CCLD Regional Office, 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 **06/17/2026** and conducted by Evaluator Venus Mixson

	COMPLAINT CONTROL NUMBER: 18-AS-20260617161016

FACILITY NAME:	BROOKDALE MURRIETA			**FACILITY NUMBER:**	336413087
ADMINISTRATOR:	CINDY GARCIA			**FACILITY TYPE:**	740
ADDRESS:	24350 JACKSON AVE			**TELEPHONE:**	(951) 696-5753
CITY:	MURRIETA	**STATE:** CA		**ZIP CODE:**	92562
CAPACITY:	82	**CENSUS:** 62		**DATE:**	06/26/2026
		UNANNOUNCED		**TIME BEGAN:**	12:30 PM
MET WITH:	RECEPTIONIST, ALYSSA VALERIO			**TIME COMPLETED:**	01:15 PM

ALLEGATION(S):

1	Staff are not providing assistance making medical appointments
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INVESTIGATION FINDINGS:

1	On June 26, 2026, Licensing Program Analyst (LPA), Venus Mixson arrived unannounced at the facility
2	and met with the Receptionist, Alyssa Valerio. LPA explained that the visit was conducted to deliver
3	findings for the listed allegation. During the investigation, LPA conducted interviews, record reviews, and
4	made observations.
5	On June 17, 2026, Community Care Licensing received a complaint alleging staff are not providing
6	assistance making medical appointments. It was reported that Resident 1 (R1) needed to see a specialist
7	due to a reoccurring issue and that the facility had not assisted R1 with scheduling necessary medical
8	appointments. Information obtained from interviews with Administrator and facility staff advised that R1
9	does not reside at the listed facility. . Information obtained from Additional Witness confirmed that R1
10	does not resident at the facility. A review of facility records and Resident Rosters corroborated the
11	information obtained from interviews.
12	Based on interviews, record reviews, and observation, it has been determined the allegation has been
13	made against the incorrect facility. Therefore, this investigation has been deemed unfounded, meaning
	the allegation is false, did not happen, and could not have occurred. The department has dismissed the
	complaint.

	An exit interview was conducted and a copy of this report was provided to the Receptionist, Alyssia Valerio.

Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Venus Mixson
LICENSING EVALUATOR SIGNATURE:
DATE: 06/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/26/2026

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