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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336425840
Report Date: 08/21/2026
Date Signed: 08/21/2026 11:14:18 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 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 **08/14/2026** and conducted by Evaluator Eldin Serrano

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260814080857

FACILITY NAME:	COTTAGES AT RIVERSIDE			**FACILITY NUMBER:**	336425840
ADMINISTRATOR:	TAWFIK, EVA			**FACILITY TYPE:**	740
ADDRESS:	6280 CLAY STREET			**TELEPHONE:**	(951) 360-1616
CITY:	RIVERSIDE	**STATE:** CA		**ZIP CODE:**	92509
CAPACITY:	110	**CENSUS:**	UNANNOUNCED	**DATE:**	08/21/2026
				TIME BEGAN:	09:00 AM
MET WITH:	Bianet Fonseca, Memory Care Director			**TIME COMPLETED:**	11:30 AM

ALLEGATION(S):

1	Facility did not provide records to resident in care.
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INVESTIGATION FINDINGS:

1	On 8/21/2026, Licensing Program Analyst (LPA) Eldin Serrano made an unannounced visit to the facility
2	to commence the complaint investigation and deliver the findings of the above allegation. LPA explained
3	the purpose of the visit to Memory Care Director Bianet Fonseca. The investigation consisted of
4	interviews with staff, relevent party and record review as well as observation.
5	
6	Allegation:Facility did not provide records to resident in care. Based on interviews and review of
7	documents, LPA confirmed that facility staff provided the requested records to Resident #1 (R1) Power of
8	Attorney (POA) representative. LPA verified this through a phone call with the attorney's office as well as
9	email documentation from the attorney's representative confirming receipt of the records.No evidence
10	was found to suggest the facility refused or failed to provide records to the resident or the resident's
11	authorized representative.
12	
13	Based on interviews and record review, the allegation mentioned above is UNSUBSTANTIATED. A finding that the complaint is UNSUBSTANTIATED means although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated at this time.

An exit interview was conducted where this report, LIC9099 was discussed and provided to Memory Care Director Bianet Fonseca.

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Eldin Serrano
LICENSING EVALUATOR SIGNATURE:
DATE: 08/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/21/2026

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