

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336426239
Report Date: 08/06/2025
Date Signed: 08/06/2025 08:26:13 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **10/15/2024** and conducted by Evaluator Venus Mixson

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20241015170006
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FACILITY NAME: BROOKDALE SUNWEST	FACILITY NUMBER: 336426239
ADMINISTRATOR: THERESA M. WARD	FACILITY TYPE: 740
ADDRESS: 1085 SUNWEST DR	TELEPHONE: (951) 925-0822
CITY: HEMET	STATE: CA
CAPACITY: 60	ZIP CODE: 92545
	CENSUS: 40
	DATE: 08/06/2025
MET WITH: ADMINISTRATOR, THERESA M. WARD	UNANNOUNCED TIME BEGAN: 08:15 AM
	TIME COMPLETED: 08:38 AM

ALLEGATION(S):

1	Facility does not have adequate staff to meet resident's needs.
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INVESTIGATION FINDINGS:

1	On August 06, 2025, Licensing Program Analyst (LPA), Venus Mixson arrived at the unannounced facility
2	and met with Licensee. LPA explained the reason for the visit was to provide findings for the complaint
3	investigation.
4	On October 15, 2024, Community Care Licensing received a complaint alleging, facility does not have
5	adequate staff to meet resident's needs. During the investigation, LPA conducted interviews, record
6	reviews, and made observations pertaining to the listed allegation.
7	Regarding the allegation facility does not have adequate staff to meet resident's needs, it was reported
8	that when residents are calling for staff through the signal system, residents are required to wait for more
9	than 30 minutes due to a lack of available staff. When interviewed, Administrator, Theresa Ward denied
10	the allegation.
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Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Venus Mixson

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/05/2025

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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Control Number 18-AS-20241015170006

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1650 SPRUCE ST STE 200
MS29-27
RIVERSIDE, CA 92507

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BROOKDALE SUNWEST

FACILITY NUMBER: 336426239

VISIT DATE: 08/06/2025

NARRATIVE

1 Administrator stated the management team has hired new team members, including care and personnel
2 staff. It was advised that all new hires are available for assistance on the floor as needed. Interview with
3 Executive Director, Juanita Jackson disputed the allegation indicating there were no residents at the
4 time of the complaint requiring a two person assist on either side of the facilities programs. Executive
5 Director stated there are always sufficient staff scheduled for each shift. Interview with additional staff
6 stated the facility utilizes the "Service Alignment" Program, which is a system which determines how
7 many staff are needed pertaining to the residents that the facility has in care. Interviews with additional
8 staff stated there are no concerns regarding sufficient staff. Staff also stated there were no concerns
9 addressed by residents regarding wait times.
10 Information obtained from interviews with residents stated there are no concerns or issues with staff
11 responding to the call pendants or how many staff are available to assist. Interviews with additional
12 residents indicated staff are present and available to assist with needs. LPA's review of the records
13 determined the program does indicate how many staff are needed per shift. LPA also reviewed "Labor
14 Detail Report", "Service Alignment Benchmark", and the "Staff Sign-In Sheets" which revealed there
15 were enough staff to provide adequate care and supervision to the residents in care on all scheduled
16 shifts. Information obtained from additional witnesses indicated the Med-techs are extra back, the cooks,
17 housekeeping team and the activities coordinator will each step in to assist if there is an issue or any
18 concerns.
19 Based on interviews, record review, and observations, the allegation that facility does not have adequate
20 staff to meet the resident's needs has been deemed unsubstantiated. An allegation determined
21 unsubstantiated means although the allegation may have occurred there is not sufficient evidence to
22 support the listed allegation.
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24 An exit interview was conducted. A copy of this report was explained and given to Licensee, Shemika
25 Johnson.
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NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Venus Mixson

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/05/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/05/2025