

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 365530374
Report Date: 06/02/2026
Date Signed: 06/02/2026 02:57:15 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO 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 **05/28/2026** and conducted by Evaluator Lavette Farlow

	COMPLAINT CONTROL NUMBER: 56-AS-20260528152208
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FACILITY NAME:	SUNLIT GARDENS ASSISTED LIVING	FACILITY NUMBER:	365530374
ADMINISTRATOR:	R	FACILITY TYPE:	740
ADDRESS:	9428 19TH STREET	TELEPHONE:	(909) 481-2600
CITY:	ALTA LOMA	ZIP CODE:	91701
CAPACITY:	172	CENSUS:	100
		DATE:	06/02/2026
		UNANNOUNCED TIME BEGAN:	10:12 AM
MET WITH:	Luis Gonzalez, Administrator and Lauren Rodriguez, Wellness Coordinator	TIME COMPLETED:	03:05 PM

ALLEGATION(S):

1	Staff do not ensure correct medications are dispensed to residents in care
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INVESTIGATION FINDINGS:

1	On 6/2/2026 Licensing Program Analyst (LPA) LaVette Farlow conducted an unannounced visit to the facility to commence a complaint investigation. LPA was greeted and granted entrance by Receptionist, Joy Patterson. LPA later was greeted and spoke to Administrator Luis Gonzalez, and Lauren Rodriguez, Wellness Coordinator. LPA identified self and discussed the purpose of the visit.
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6	During today's visit, LPA Farlow conducted interviews with staff, residents, collected documents and reviewed resident files.
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9	The allegation is Staff do not ensure correct medications are dispensed to residents in care. LPA interviewed 4 out of 4 staff and during the interview the following information was revealed. 4 out of 4 staff reported medication is being dispensed properly. S1, S3, and W1 stated that R1 medication from the previous months have been modified or changed. S1, S2, S3, and W1 stated there have not been any issues with PRN medications.
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12	
13	***Continued on LIC9099C***

Unsubstantiated

Estimated Days of Completion:

SUPERVISORS NAME: Nedra Brown

LICENSING EVALUATOR NAME: Lavette Farlow

LICENSING EVALUATOR SIGNATURE:

DATE: 06/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/02/2026

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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Control Number 56-AS-20260528152208

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BERNARDINO ASC, 1650 SPRUCE ST STE
200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: SUNLIT GARDENS ASSISTED LIVING

FACILITY NUMBER: 365530374

VISIT DATE: 06/02/2026

NARRATIVE

1 Interview with staff and relevant parties revealed only changes have occurred was with a prescription
2 increase. LPA interviewed several residents in care. LPA's interview with R1 revealed that their
3 medication changed and it was not correct. Interviews with R1 and R5 stated there was an issue with
4 mismanagement of medication at one time or another. Interviews with R2, R3, R4, R6, and R9 revealed
5 they did not have any issues with mismanagement of PRN medication or any prescription medication.
6 Based on LPA observation, documentation review and interviews the allegation is UNSUBSTANTIATED.
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8 Based on the department's investigation, the allegation mentioned in this report are Unsubstantiated.
9 Unsubstantiated meaning that although the allegations may have happened or is valid, there is not a
10 preponderance of evidence to prove the alleged violations did or did not occur.
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12 An exit interview was conducted where this report LIC9099 and LIC9099C was discussed and a copy of
13 this report was provided to Administrator Luis Gonzalez at the conclusion of the visit.
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SUPERVISORS NAME: Nedra Brown

LICENSING EVALUATOR NAME: Lavette Farlow

LICENSING EVALUATOR SIGNATURE:

DATE: 06/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/02/2026

LIC9099 (FAS) - (06/04)

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