

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 366426055
Report Date: 05/12/2025
Date Signed: 05/12/2025 04:30:45 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 **03/15/2024** and conducted by Evaluator Becky Mann

	COMPLAINT CONTROL NUMBER: 56-AS-20240315160632
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FACILITY NAME: BRIGHTWATER SENIOR LIVING OF HIGHLAND (DBA)	FACILITY NUMBER: 366426055
ADMINISTRATOR: MARGUERITE CROCKEM	FACILITY TYPE: 740
ADDRESS: 28807 BASELINE STREET	TELEPHONE: (909) 742-7353
CITY: HIGHLAND	ZIP CODE: 92346
CAPACITY: 115	DATE: 05/12/2025
	UNANNOUNCED TIME BEGAN: 12:55 PM
MET WITH: Marguerite Crockem, Administrator	TIME COMPLETED: 04:35 PM

ALLEGATION(S):

1	Resident was left unattended in urine and feces for extended periods, resulting in bedsores
2	Staff handled resident roughly, resulting in an injury
3	Staff did not assist resident in a timely manner
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INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPA) Becky Mann and Edith Conchas conducted an unannounced visit to the facility to initiate a complaint investigation. LPAs met with Marguerite Crockem, Administrator and explained the purpose of today's visit. The investigation consisted of LPAs observations, pertinent document reviews, and interviews with staff and residents.
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6	The allegation that resident was left unattended in urine and feces for extended periods, resulting in bedsores. Five (5) staff interviewed denied leaving resident(s) unattended in urine and feces for extended periods, resulting in bedsores. Four (4) of five (5) residents interviewed stated that staff has not left them unattended in urine and feces for extended periods. Based on LPAs observations while interviewing the resident's in their rooms, LPAs did not observe resident's in soiled clothing and linens.
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10	There was no unpleasant odor observed by LPAs.
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Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Becky Mann
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/12/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/12/2025

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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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
(Cont)**

FACILITY NAME: BRIGHTWATER SENIOR LIVING OF HIGHLAND (DBA)

FACILITY NUMBER: 366426055

VISIT DATE: 05/12/2025

NARRATIVE

1 The allegation that staff handled resident roughly, resulting in an injury. Five (5) staff interviewed denied
2 handling resident roughly, resulting in an injury. Five (5) residents interviewed stated that staff does not
3 handle residents roughly, if it were to happen then the resident would speak up for themselves.
4
5 The allegation that staff did not assist resident in a timely manner. Five (5) staff interviewed stated that
6 they do assist residents in a timely manner. Residents have a pendant which they use to call the staff.
7 Staff stated it takes about 7 to 10 minutes to assist the resident. Five (5) residents interviewed stated
8 that staff does assist resident in a timely manner. Most of the residents stated it takes about 15 minutes
9 to receive assistance from the staff.
10
11 Based on evidence obtained during this investigation, the allegations above are Unsubstantiated;
12 meaning that although the allegation may have happened or is valid, there is not a preponderance of
13 evidence to prove the alleged violation did or did not occur.
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15 An exit interview was conducted where this report was discussed and a copy of this report was provided
16 to Marguerite Crockem, Administrator at the conclusion of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Becky Mann
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/12/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/12/2025