

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 366426055
Report Date: 04/28/2026
Date Signed: 04/28/2026 03:13:09 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 02/04/2026 and conducted by Evaluator Renese Howell-Small

	COMPLAINT CONTROL NUMBER: 56-AS-20260204160515
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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: 04/28/2026
	UNANNOUNCED TIME BEGAN: 01:20 PM
MET WITH: Margeurite Crockem	TIME COMPLETED: 03:15 PM

ALLEGATION(S):

1	Staff handled resident in a rough manner.
2	Staff yelled at a resident in care.
3	Staff made inappropriate comments towards a resident in care.
4	Staff did not dispose of resident's trash bin.
5	Staff did not ensure that resident received laundry services.
6	Staff are not following resident's hospice care plan.
7	Staff did not ensure that resident's room is cleaned.
8	Staff are not practicing proper hygiene in between cleaning.
9	Staff did not notify resident's responsible party of an incident in a timely manner.

INVESTIGATION FINDINGS:

1	On 04/28/2026 at 1:20PM Licensing Program Analyst (LPA) Renese Howell-Small arrived unannounced to
2	the facility to deliver findings for the above allegations. LPA was greeted by staff, introduced self and
3	stated the purpose if the visit. LPA met with Executive Director, Marguerite Crockem. Resident 1 (R1)
4	was discharged from the facility on 02/14/2026 and recently passed away.
5	
6	The allegation of staff handled resident in a rough manner:
7	LPA interviewed eight (8) staff and five (5) residents. Staff denied the allegation and stated that the
8	residents would inform staff and relatives if this occurred. The residents denied the allegation, stating that
9	they have not observed staff handle residents in a rough manner. Based on interview, this allegation is
10	UNSUBSTANTIATED.
11	
12	The allegation that staff yelled at a resident in care:
13	LPA interviewed staff, residents and a relative of Resident 5 (R5). Staff and residents denied the
	allegation and stated that they have not witnessed staff yell at residents. Based on interview, this
	allegation is

SUPERVISORS NAME: Karen Clemons

LICENSING EVALUATOR NAME: Renese Howell-Small

LICENSING EVALUATOR SIGNATURE:

DATE: 04/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/28/2026

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

LIC9099 (FAS) - (06/04)

Page: 1 of 2

Control Number 56-AS-20260204160515

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 92507FACILITY NAME: BRIGHTWATER SENIOR LIVING OF
HIGHLAND (DBA)

FACILITY NUMBER: 366426055

VISIT DATE: 04/28/2026

NARRATIVE

1 UNSUBSTANTIATED.

2

3

4 The allegation that staff made inappropriate comments towards a resident in care:

5 LPA interviewed eight (8) staff and five (5) residents. Both the staff and the residents denied the

6 allegation. Based on interview and limited information, this allegation is UNSUBSTANTIATED.

7

8 The allegation that staff did not dispose of resident's trash bin:

9 LPA toured the facility and did not observe residents' trash bin to be full. Residents stated that staff

10 empty their trash daily. Staff stated that trash is emptied as often as needed. Based on observation and

11 interview, this allegation is UNSUBSTANTIATED.

12

13 The allegation that staff did not ensure that resident received laundry service:

14 LPA observed a laundry schedule which lists the rooms and the day laundry will be completed. Staff

15 stated that laundry is completed weekly or more if needed. The residents stated that staff take care of

16 their laundry. Based on observation and interview, this allegation is UNSUBSTANTIATED.

17

18 The allegation that staff are not following resident's hospice care plan:

19 LPA was unable to review Resident 1 (R1) hospice care plan as they discharged from the facility on

20 02/14/2026. Staff denied the allegation and stated that they are trained to follow the residents' care plan.

21 Based on limited information and interview, this allegation is UNSUBSTANTIATED.

22

23 The allegation that staff did not ensure that resident's room is cleaned:

24 On 02/09/2026, LPA observed R1's room to be clean and free from malodors. Both staff and residents

25 denied the allegation and stated that rooms are cleaned every week. Based on observation and

26 interview, this allegation is UNSUBSTANTIATED.

27

28 The allegation that staff are not practicing proper hygiene in between cleaning:

29 Staff stated that they are trained in proper hand hygiene. Staff denied the allegation. Based on limited

30 information and interview, this allegation is UNSUBSTANTIATED.

31

32

The allegation that staff did not notify resident's responsible party of an incident in a timely manner:

Staff stated that the appropriate parties are notified when incidents occur. Staff denied the allegation.

The relative of R5 stated that staff communicate with the family regarding incidents. Staff notified the

family of R1 the day of the incident. Based on record review and interview, this allegation is

UNSUBSTANTIATED.

UNSUBSTANTIATED is defined as the allegation may have happened or is valid, but there is not a

preponderance of the evidence to prove that the alleged violation(s) occurred.

An exit interview was conducted where this report LIC9099 and LIC9099C were discussed and copies

were provided to Executive Director, Marguerite Crockem.

SUPERVISORS NAME: Karen Clemons

LICENSING EVALUATOR NAME: Renese Howell-Small

LICENSING EVALUATOR SIGNATURE:

DATE: 04/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/28/2026