

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 150400536

Report Date: 05/29/2025

Date Signed: 05/29/2025 11:06:08 AM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/21/2025** and conducted by Evaluator Jimmy Duarte

COMPLAINT CONTROL NUMBER: 24-AS-20250521123231

FACILITY NAME: ROSEWOOD RETIREMENT COMMUNITY	FACILITY NUMBER: 150400536
ADMINISTRATOR: BALABAN, ROCHELLE	FACILITY TYPE: 741
ADDRESS: 1301 NEW STINE ROAD	TELEPHONE: (661) 834-0620
CITY: BAKERSFIELD	STATE: CA ZIP CODE: 93309
CAPACITY: 220	CENSUS: 166 DATE: 05/29/2025
MET WITH: Administrator Rochelle Balaman	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 11:15 AM

ALLEGATION(S):

1	Staff handled resident in a rough manner causing injury.
2	Staff are not positioning resident in their bed according to physician's instructions.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) J. Duarte and Shawna Doucette arrived at the facility unannounced to
2	conduct a 10-day complaint investigation. LPAs met with administrator (AD) Rochelle Balaban.
3	
4	LPAs interviewed AD. LPAs reviewed and obtained copies of residents roster for assisted living and
5	skilled nursing.
6	
7	Based on interviews and records review, R1 has never resided in the facility. This agency has
8	investigated the complaint alleging; staff handled resident in a rough manner causing injury and that staff
9	are not positioning resident in their bed according to physician's instructions, found that the complaint
10	was UNFOUNDED, which means it could not have happened, and/or, it without a reasonable basis;
11	therefore, we have dismissed the complaint.
12	
13	An exit interview was conducted with AD, and a copy of this report was provided.

Unfounded	Estimated Days of Completion:
NAME OF LICENSING PROGRAM MANAGER: Serigy Pidgirny NAME OF LICENSING PROGRAM ANALYST: Jimmy Duarte LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/29/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: DATE: 05/29/2025	

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