

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 conduct a 10-day complaint investigation. LPAs met with administrator (AD) Rochelle Balaban.
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4	LPAs interviewed AD. LPAs reviewed and obtained copies of residents roster for assisted living and skilled nursing.
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7	Based on interviews and records review, R1 has never resided in the facility. This agency has investigated the complaint alleging; staff handled resident in a rough manner causing injury and that staff are not positioning resident in their bed according to physician's instructions, found that the complaint was UNFOUNDED, which means it could not have happened, and/or, it without a reasonable basis; therefore, we have dismissed the complaint.
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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: <div></div> DATE: 05/29/2025	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: <div></div> DATE: 05/29/2025	

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