

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 247206921

Report Date: 12/10/2025

Date Signed: 12/10/2025 06:58:12 PM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 1314 E SHAW AVE FRESNO, CA 93710
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/12/2025** and conducted by Evaluator Vadim Gorban

	<b>COMPLAINT CONTROL NUMBER: 24-AS-20250912133337</b>
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<b>FACILITY NAME:</b> MERCED SENIOR LIVING	<b>FACILITY NUMBER:</b> 247206921
<b>ADMINISTRATOR:</b> LISA BARICEVIC	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 3420 R ST	<b>TELEPHONE:</b> (209) 580-6124
<b>CITY:</b> MERCED	<b>STATE:</b> CA
<b>CAPACITY:</b> 93	<b>ZIP CODE:</b> 95348
	<b>CENSUS:</b> 84
	<b>DATE:</b> 12/10/2025
<b>MET WITH:</b> Wellness Director Tracy Gaddess	<b>UNANNOUNCED TIME BEGAN:</b> 09:47 AM
	<b>TIME COMPLETED:</b> 11:48 AM

#### ALLEGATION(S):

1	Staff did not provide activities for resident
2	Staff did not seek medical attention for resident's change in condition
3	Staff did not notify authorized representative of resident's change in condition
4	Staff did not ensure medications were dispensed as prescribed
5	
6	
7	
8	
9	

#### INVESTIGATION FINDINGS:

1	On 12/26/2025, Licensing Program Analyst (LPA) V Gorban conducted subsequent complaint inspection.
2	LPA met with Wellness Director (WD). The purpose of this visit is to deliver the findings of the
3	investigation completed by the Department.
4	During the visit, LPA conducted a tour of the facility, interior and exterior to ensure there is no potential or
5	immediate health and safety risk at the facility.
6	LIC 9099D
7	Allegation: Staff did not provide activities for resident. Based on interviews and records staff follow daily
8	activities according to facility planner posted on the facility wall. Although the allegation may have
9	happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did
10	not occur, therefore the allegation is unsubstantiated.
11	
12	Report continues on attached LIC9099-C
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Brenda Chan

LICENSING EVALUATOR NAME: Vadim Gorban  
LICENSING EVALUATOR SIGNATURE:

DATE: 12/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/10/2025

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
SIERRA CASCADE AC/SC, 1314 E SHAW AVE  
FRESNO, CA 93710

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TELEPHONE: (209) 580-6124

CITY: MERCED

STATE: CA

ZIP CODE: 95348

CAPACITY: 93

CENSUS: 84

DATE: 12/10/2025

MET WITH: Wellness Diretor Tracy Gaddess

UNANNOUNCED TIME BEGAN: 09:47 AM

TIME COMPLETED: 11:48 AM

### ALLEGATION(S):

- 1 Resident sustained an unexplained injury
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

### INVESTIGATION FINDINGS:

- 1 On 12/26/2025, Licensing Program Analyst (LPA) V Gorban conducted subsequent complaint inspection.
- 2 LPA met with WD. The purpose of this visit is to deliver the findings of the investigation completed by the
- 3 Department.
- 4
- 5 During the visit, LPA conducted a tour of the facility, interior and exterior to ensure there is no potential or
- 6 immediate health and safety risk at the facility.
- 7
- 8 Allegation: Resident sustained an unexplained injury. Based on records review, R1 was observed in the
- 9 community with facial injury, unknown to staff. On May 8th R1 was taken to medical evaluation out of the
- 10 community by family. The preponderance of evidence standard has been met; therefore, the above
- 11 allegation is found to be SUBSTANTIATED. California Code of Regulations being cited on the attached
- 12 LIC 9099D
- 13 Exit interview conducted, report signed and with appeal rights provided to WD for facility records.

**Substantiated**

Estimated Days of Completion:

SUPERVISORS NAME: Brenda Chan

LICENSING EVALUATOR NAME: Vadim Gorban

LICENSING EVALUATOR SIGNATURE:

DATE: 12/10/2025

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

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LIC9099 (FAS) - (06/04)

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Control Number 24-AS-20250912133337

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: MERCED SENIOR LIVING

FACILITY NUMBER: 247206921

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/10/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 12/15/2025 Section Cited CCR 87411(a)	1 87411 Personnel Requirements. (a) 2 Facility personnel shall at all times be 3 sufficient in numbers, and competent to 4 provide the services necessary to meet 5 resident needs. In facilities licensed for 6 sixteen or more, sufficient support staff 7 shall be employed to ensure provision 8 of personal assistance and care as 9 required in Section 87608, Postural 10 Supports. Additional staff shall be 11 employed as necessary..... This 12 requirement was not observed as 13 evidenced by: 14	1 The facility administrator or staff will 2 provide a written statement describing 3 on following regulation by POC due 4 date to LPA by email. 5 6 7
	8 Based on records review facility failed 9 following Title 22 regulation regarding 10 supervision resulting in one out of 11 eighty four residents acquired facial 12 injury and staff was not aware of the 13 incident. This is poses potential health 14 and safety risk to persons in care.	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Brenda Chan

LICENSING EVALUATOR NAME: Vadim Gorban

LICENSING EVALUATOR SIGNATURE:

DATE: 12/10/2025

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DATE: 12/10/2025

LIC9099 (FAS) - (06/04)

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Control Number 24-AS-20250912133337

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: MERCED SENIOR LIVING

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VISIT DATE: 12/10/2025

NARRATIVE

1 Allegation: Staff did not seek medical attention for resident's change in condition.  
2  
3 Based on records reviews, R1 was sent out on multiple occasions including May 8<sup>th</sup>,  
4 May 17<sup>th</sup>, May 19<sup>th</sup>, and May 30<sup>th</sup> due to aggression and medication adjustments.  
5 Although the allegation may have happened or is valid, there is not a preponderance  
6 of evidence to prove the alleged violation did or did not occur, therefore the  
7 allegation is unsubstantiated.  
8  
9  
10 Allegation: Staff did not notify authorized representative of resident's change in  
11 condition. Based on records reviews, on May 19<sup>th</sup> family responsible party was  
12 notified of the incident via phone call, on May 21<sup>st</sup>, and May 30<sup>th</sup> family member  
13 either visited R1 or was notified by the facility of R1 behavior. In addition,  
14 responsible party signed updated changes of condition increased level of care from  
15 level one to level 2 on 5/21/25. Although the allegation may have happened or is  
16 valid, there is not a preponderance of evidence to prove the alleged violation did or  
17 did not occur, therefore the allegation is unsubstantiated.  
18  
19  
20  
21 Allegation: Staff did not ensure medications were dispensed as prescribed. Based  
22 on records review and interviews, medication A and B were administered as  
23 prescribed. R1 medication records indicated on May 7<sup>th</sup>, 20<sup>th</sup>, 21<sup>st</sup>, 26<sup>th</sup>, and 27<sup>th</sup>,  
24 R1 either refused medications or R1 was out of the community with family, per  
25 records medications were dispensed as prescribed. Although the allegation may  
26 have happened or is valid, there is not a preponderance of evidence to prove the  
27 alleged violation did or did not occur, therefore the allegation is unsubstantiated.  
28  
29  
30  
31 Report continues on attached LIC9099-A  
32

**SUPERVISORS NAME:** Brenda Chan  
**LICENSING EVALUATOR NAME:** Vadim Gorban  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 12/10/2025

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