

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 247206921
Report Date: 08/18/2025
Date Signed: 08/18/2025 02:52:25 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/14/2025** and conducted by Evaluator Vadim Gorban

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20250514162917
---------------	---

FACILITY NAME: PACIFICA SENIOR LIVING MERCED	FACILITY NUMBER: 247206921
ADMINISTRATOR: EMILY VENEGAS	FACILITY TYPE: 740
ADDRESS: 3420 R ST	TELEPHONE: (209) 580-6124
CITY: MERCED	STATE: CA ZIP CODE: 95348
CAPACITY: 93	CENSUS: 84 DATE: 08/18/2025
MET WITH: Administrator Lisa Baricevic	UNANNOUNCED TIME BEGAN: 09:15 AM
	TIME COMPLETED: 01:05 PM

ALLEGATION(S):

1	Unqualified staff providing care to residents
2	Staff are inappropriately increasing resident's rent due for a change in level of care
3	Staff are not responding to resident's call button in a timely manner
4	Staff are accepting residents not in plan of operation
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 08/15/2025, Licensing Program Analyst (LPA) V. Gorban arrived unannounced to deliver findings on a
2	complaint investigation. LPA explained the purpose of the visit to receptionist Tanya Linan and was
3	allowed entry. Administrator Lisa Baricevic was notified and attended the licensing visit.
4	
5	During the course of the investigation, LPA conducted a facility tour, conducted interviews, and reviewed
6	records.
7	The Department has investigated the allegation: Unqualified staff providing care to residents. Based on
8	interviews conducted and records reviewed, personnel records meet the requirements necessary to
9	provide services to residents in care. Although the allegation may have happened or is valid, there is not
10	a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
11	UNSUBSTANTIATED.
12	
13	Report continues on attached LIC9099-C

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Vadim Gorban
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 08/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 08/18/2025

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 24-AS-20250514162917

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
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: PACIFICA SENIOR LIVING MERCED **FACILITY NUMBER:** 247206921
VISIT DATE: 08/18/2025

NARRATIVE	
1	The Department has investigated the allegation: Staff are accepting residents not in plan of operation.
2	Based on interviews conducted and review records, there are two different types of residents accepted
3	by the facility: assisted living and memory care. The facility's plan of operation addressed the care and
4	restricted health care for the residents. Although the allegation may have happened or is valid, there is
5	not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the
6	allegation is UNSUBSTANTIATED.
7	
8	The Department has investigated the allegation: Staff are not responding to resident's call button in a
9	timely manner. Based on records reviews and staff interviews, records revealed that residents (R1, R2
10	and R3) calls waiting due to not resetting the system after providing care to residents in timely manner.
11	Per residents interviews no concerns regarding call response was stated. Although the allegation may
12	have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or
13	did not occur, therefore the allegation is UNSUBSTANTIATED.
14	
15	The Department has investigated the allegation Staff are inappropriately increasing resident's rent due
16	for a change in level of care. Based on records reviews and interviews conducted, the facility charged
17	resident (R1) in the amount of \$950 instead of \$900 per admission agreement contract. The resident
18	was credited back the overcharge amount by the facility. Although the allegation may have happened or
19	is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur,
20	therefore the allegation is UNSUBSTANTIATED.
21	
22	Exit interview conducted. Report signed on-site. A copy of this report was discussed and provided to the
23	administrator.
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Vadim Gorban
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 08/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 08/18/2025