

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 275294322  
Report Date: 06/18/2025  
Date Signed: 06/19/2025 07:26:29 AM

## 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 **06/11/2025** and conducted by Evaluator Vadim Gorban

	<b>COMPLAINT CONTROL NUMBER: 24-AS-20250611154815</b>
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<b>FACILITY NAME:</b> PARK LANE, THE	<b>FACILITY NUMBER:</b> 275294322
<b>ADMINISTRATOR:</b> NATASHA PRUNTY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 200 GLENWOOD CIR	<b>TELEPHONE:</b> (831) 373-0101
<b>CITY:</b> MONTEREY	<b>ZIP CODE:</b> 93940
<b>CAPACITY:</b> 160	<b>DATE:</b> 06/18/2025
<b>MET WITH:</b> Administrator Joy Carter	<b>UNANNOUNCED TIME BEGAN:</b> 10:45 AM
	<b>TIME COMPLETED:</b> 01:30 PM

**ALLEGATION(S):**

1	Due to lack of staffing, resident are not receiving adequate laundry services.
2	Due to lack of staffing, residents do not receive medication on time.
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**INVESTIGATION FINDINGS:**

1	On 06/18/2025, Licensing Program Analyst (LPA) V. Gorban arrived unannounced to commence a
2	complaint investigation. LPA explained the purpose of the visit to Business Manager Sonia Garcia and
3	was allowed entry.
4	During the course of the investigation, LPA conducted a facility tour, conducted interviews, and reviewed
5	records.
6	The Department has investigated the allegations: Due to lack of staffing, residents are not receiving
7	adequate laundry services and do not receive medication on time. Interviews were conducted with
8	residents and facility staff. Based on the information obtained during the interview, there is not enough
9	evidence to prove residents are not receiving adequate laundry service. Residents reported that their
10	laundry is completed timely.
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12	Report continues on attached LIC9099-C
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**NAME OF LICENSING PROGRAM MANAGER:** Brenda Chan  
**NAME OF LICENSING PROGRAM ANALYST:** Vadim Gorban  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 06/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 06/18/2025

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-20250611154815

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>COMPLAINT INVESTIGATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 1314 E SHAW AVE FRESNO, CA 93710</p>
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**FACILITY NAME:** PARK LANE, THE **FACILITY NUMBER:** 275294322  
**VISIT DATE:** 06/18/2025

NARRATIVE	
1	During the investigation, LPA reviewed medications records and conducted interviews.
2	Interviews from residents revealed that residents receive their medications timely. Based on
3	the information obtained during interviews and record review, there is not enough evidence
4	to prove residents are not receiving medications timely.
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7	Although the allegation may have happened or is valid, there is not a preponderance of
8	evidence to prove the alleged violation did or did not occur, therefore the allegations: Due to
9	lack of staffing, residents are not receiving adequate laundry services and Due to lack of
10	staffing, residents do not receive medication on time, are UNSUBSTANTIATED.
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12	No deficiencies issued.
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15	Exit interview conducted. Report signed on-site. A copy of this report with appeal rights was
16	discussed and provided to the facility representative.
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**NAME OF LICENSING PROGRAM MANAGER:** Brenda Chan  
**NAME OF LICENSING PROGRAM ANALYST:** Vadim Gorban  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 06/18/2025

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**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 06/18/2025