

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 277209241  
Report Date: 09/16/2025  
Date Signed: 09/17/2025 07:14:48 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 **08/26/2025** and conducted by Evaluator Vadim Gorban

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 24-AS-20250826101508</b>
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<b>FACILITY NAME:</b> PACIFIC GROVE SENIOR LIVING	<b>FACILITY NUMBER:</b> 277209241
<b>ADMINISTRATOR:</b> JESSICA SANCHEZ	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 551 GIBSON AVENUE	<b>TELEPHONE:</b> (831) 657-5200
<b>CITY:</b> PACIFIC GROVE	<b>ZIP CODE:</b> 93950
<b>CAPACITY:</b> 150	<b>DATE:</b> 09/16/2025
<b>MET WITH:</b> Jonathan Monroe, sales director	<b>UNANNOUNCED TIME BEGAN:</b> 03:47 PM
	<b>TIME COMPLETED:</b> 04:20 PM

**ALLEGATION(S):**

1	Residents are exposed to harmful chemicals.
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**INVESTIGATION FINDINGS:**

1	On 09/16/2025, Licensing Program Analyst (LPA) V. Gorban arrived unannounced to deliver findings on a
2	complaint investigation. LPA explained the purpose of the visit to administrator Jessica Sanchez and was
3	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 allegation: Residents are exposed to harmful chemicals. Based on
7	interviews and record reviews, once facility administrator was notified on August 25th, of smell in
8	residents' room, painting was terminated. During the facility tour, on August 26th, LPA did not observe the
9	harmful smell or smell of the paint. Although the allegation may have happened or is valid, there is not a
10	preponderance of evidence to prove the alleged violation did or did not occur, therefore above allegation
11	is UNSUBSTANTIATED.
12	No deficiencies issued.
13	Exit interview conducted. Report signed on-site. A copy of this report provided to the facility representative.

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Brenda Chan

**NAME OF LICENSING PROGRAM ANALYST:** Vadim Gorban

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/16/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/16/2025

**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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