

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 277209241

Report Date: 03/20/2026

Date Signed: 03/20/2026 08:50:46 PM

Unsubstantiated

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 **10/22/2025** and conducted by Evaluator Vadim Gorban

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20251022085722
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FACILITY NAME: PACIFIC GROVE SENIOR LIVING	FACILITY NUMBER: 277209241
ADMINISTRATOR: JESSICA SANCHEZ	FACILITY TYPE: 741
ADDRESS: 551 GIBSON AVENUE	TELEPHONE: (831) 657-5200
CITY: PACIFIC GROVE	STATE: CA
CAPACITY: 150	ZIP CODE: 93950
MET WITH: administrator Jessica Sanchez	CENSUS: 86
	DATE: 03/20/2026
	UNANNOUNCED TIME BEGAN: 03:30 PM
	TIME COMPLETED: 04:30 PM

ALLEGATION(S):

1	Facility is unsanitary.
2	Facility is in disrepair.
3	Lack of staff
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5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 03/20/2026, Licensing Program Analyst (LPA) V Gorban visited the facility regarding complaint investigation to deliver findings. LPA met with the administrator and explained the purpose of this visit.
2	
3	
4	During multiple visits of the complaint investigation, LPA conducted a tour of the facility, interior and exterior to ensure there is no potential or immediate health and safety risk at the facility, documents were reviewed, interviews conducted, and information gathered.
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6	
7	Allegation: Facility is unsanitary, Facility is in disrepair, and Lack of staff. Based on observation during facility visits on 10/24/25 and 12/30/25 staff, administrator, and staff interviews revealed the above
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9	allegations are Unsubstantiated. Although the allegations may have happened or are valid, there is not a preponderance of evidence to prove or disprove that the allegations occurred.
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12	Exit interview conducted, report signed and copy of this report with appeal rights provided to administrator for facility records.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alexandria Walton

LICENSING EVALUATOR NAME: Vadim Gorban

LICENSING EVALUATOR SIGNATURE:

DATE: 03/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/20/2026

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