

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 312700003
Report Date: 08/05/2025
Date Signed: 08/05/2025 02:50:46 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/29/2025** and conducted by Evaluator Graham Gunby

	COMPLAINT CONTROL NUMBER: 59-AS-20250729094042
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FACILITY NAME: MONTCLAIR VILLA INC	FACILITY NUMBER: 312700003
ADMINISTRATOR: STEFAN, RADU BOGDAN	FACILITY TYPE: 740
ADDRESS: 5602 MONTCLAIR CIR	TELEPHONE: (916) 415-1274
CITY: ROCKLIN	ZIP CODE: 95677
CAPACITY: 6	DATE: 08/05/2025
MET WITH: Administrator - Radu Bogdan Stefan	UNANNOUNCED TIME BEGAN: 12:46 PM
	TIME COMPLETED: 02:41 PM

ALLEGATION(S):

1	Staff did not prevent visitor from causing distress to resident in care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Graham Gunby arrived unannounced on 08/05/2025 to complete and deliver findings to a complaint received on 07/29/2024. LPA met with Administrator, Radu Bogdan Stefan and explained the purpose of the visit.
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5	Throughout the course of the investigation, the department conducted interviews and record reviews.
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7	Please continue to LIC9099C..
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Unfounded	Estimated Days of Completion: 90
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SUPERVISORS NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Graham Gunby
LICENSING EVALUATOR SIGNATURE:

DATE: 08/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/05/2025

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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Control Number 59-AS-20250729094042

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100
SACRAMENTO, CA 95827

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: MONTCLAIR VILLA INC

FACILITY NUMBER: 312700003

VISIT DATE: 08/05/2025

NARRATIVE

1 Through interviews with the Administrator and R1's spouse, the facility followed proper procedure and
2 allowed R1 visitors and phone calls. The administrator did not restrict visitation for R1 even when it was
3 outside of visiting hours. LPA reviewed documentation from the Administrator that outlined years of visits
4 from V1. R1's spouse does not want V1 to visit R1, but the facility cannot prevent visits, as R1 can
5 decide who they want to visit. Through interviews and documentation there is no indication of
6 wrongdoing since R1 accepted to visit with V1.
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8 In review of California Code of Regulations, Title 22, Division 6, Chapter 8, there are no regulations to
9 address allegation of staff did not prevent visitor from causing distress to resident in care
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11 Based on interviews and records reviewed, the above allegation is found to be UNFOUNDED. A finding
12 that the allegation is unfounded means that the allegation is false, could not have happened, and/or is
13 without a reasonable basis.
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SUPERVISORS NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Graham Gunby
LICENSING EVALUATOR SIGNATURE:

DATE: 08/05/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/05/2025

LIC9099 (FAS) - (06/04)

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