

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 312700019
Report Date: 07/21/2026
Date Signed: 07/21/2026 01:26:23 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 2525 NATOMAS PARK DR STE 270 SACRAMENTO, CA 95833
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 07/14/2026 and conducted by Evaluator Bethany Mirlohi

	COMPLAINT CONTROL NUMBER: 59-AS-20260714090233
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FACILITY NAME: TERRACES OF ROSEVILLE, THE	FACILITY NUMBER: 312700019
ADMINISTRATOR: CLAWSON, KRISTINE	FACILITY TYPE: 740
ADDRESS: 707 SUNRISE AVE	TELEPHONE: (916) 786-3277
CITY: ROSEVILLE	ZIP CODE: 95661
CAPACITY: 199	DATE: 07/21/2026
	UNANNOUNCED TIME BEGAN: 12:30 PM
MET WITH: Kristine Clawson, Administrator	TIME COMPLETED: 01:40 PM

ALLEGATION(S):

1	Facility is not kept clean
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Bethany Mirlohi arrived unannounced to open complaint investigation.
2	LPA met with Administrator Kristine Clawson during today's inspection.
3	During today's inspection LPA toured the facility and interviewed Administrator. Administrator stated they
4	have replaced flooring in some areas on the 1st floor with lament flooring and they receive carpet
5	cleanings for each floor one every 3 months from an outside company. Administrator stated they have a
6	maintenance team that spot cleans as well. During the facility tour LPA toured the common areas on the
7	1st and 2nd floor. LPA observed some areas have been replaced and had no marks or stains. LPA
8	observed large dark stain marks throughout carpeted common areas, and areas that looked like a deep
9	cleaning was necessary. The large stain marks appeared to be spills and there is heavy wear tear
10	throughout carpet areas.
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12	Due to the information gathered and observed, LPA finds allegation to be substantiated. Deficiencies
13	cited on 9099-D. Appeal rights provided.

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Bethany Mirlohi
LICENSING EVALUATOR SIGNATURE:

DATE: 07/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/21/2026

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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COMPLAINT INVESTIGATION REPORT
(Cont)

FACILITY NAME: TERRACES OF ROSEVILLE, THE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 312700019
VISIT DATE: 07/21/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/31/2026 Section Cited CCR 87303(a)	87303 Maintenance and Operation. (a) 1 The facility shall be clean, safe, sanitary 2 and in good repair at all times. 3 Maintenance shall include provision of 4 maintenance services and procedures 5 for the safety and well-being of 6 residents, employees and visitors. This 7 requirement is not met as evidenced by:	Administrator agrees to spot clean the large stain areas on both the 1st floor and 2nd floor. Administrator stated they will take concerns of new flooring needs to leadership. Administrator to send LPA pictures of the spot cleaning once completed. 1 2 3 4 5 6 7
	Based on observation the licensee did not ensure facility flooring was in good repair at all times which poses a potential health and safety risk to residents in care. 8 9 10 11 12 13 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Bethany Mirlohi
LICENSING EVALUATOR SIGNATURE:

DATE: 07/21/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/21/2026