

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 312700555  
Report Date: 01/28/2025  
Date Signed: 01/28/2025 10:29:52 AM

## Unsubstantiated

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/04/2024** and conducted by Evaluator Lavinia Muscan

	<b>COMPLAINT CONTROL NUMBER: 59-AS-20241004154635</b>
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<b>FACILITY NAME:</b> SUMMERSET LINCOLN ASSISTED LIVING	<b>FACILITY NUMBER:</b> 312700555
<b>ADMINISTRATOR:</b> MEGAN GALLAGHER	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 550 2ND ST	<b>TELEPHONE:</b> (916) 644-3151
<b>CITY:</b> LINCOLN	<b>STATE:</b> CA
<b>CAPACITY:</b> 162	<b>ZIP CODE:</b> 95648
	<b>CENSUS:</b> 95
<b>MET WITH:</b> Administrator Megan Gallagher	<b>DATE:</b> 01/28/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 10:00 AM
	<b>TIME COMPLETED:</b> 10:40 AM

**ALLEGATION(S):**

1	Insufficient staffing led to severe falls
2	Call buttons are not answered timely
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**INVESTIGATION FINDINGS:**

1	On 1/28/25, Licensing Program Analyst (LPA) Lavinia Muscan arrived at the facility unannounced to
2	deliver complaint findings into the allegations listed above and met with Administrator Megan Gallagher.
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4	During the investigation, the Department conducted interviews and reviewed documentation pertinent to
5	the investigation.
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7	The results of the investigation are as follows:
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9	**Report continued on 9099-C**
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**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Laura Munoz  
**NAME OF LICENSING PROGRAM ANALYST:** Lavinia Muscan  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 01/28/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/28/2025

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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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
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SACRAMENTO, CA 95827

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** SUMMERSET LINCOLN ASSISTED LIVING

**FACILITY NUMBER:** 312700555

**VISIT DATE:** 01/28/2025

### NARRATIVE

1 **Insufficient staffing led to severe falls: Unsubstantiated**

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On 12/02/2024, R1 sustained an unwitnessed fall in their room. Interviews indicated, R1 pushed their pendant for help. Interviews indicated staff responded timely to R1's pendant call. Staff assisted R1 up. R1 stated they felt a little soreness in their knees and felt a some of pain. On 12/02/2024, S1 was taken to the emergency room (ER). Medical records revealed that R1 was discharged from the hospital with a diagnosis of a fracture of sacrum without disruption of pelvic ring.

Based on records review, R1 sustained (4) unwitnessed falls in their apartment. Staff would respond timely when R1 would push their pendant.

Although R1 sustained a fall which caused them injury, the Department has determined that R1's falls were not a result of staff's lack of care or supervision.

Based on interviews conducted by the Department and records review, the preponderance of evidence standards has not been met. Therefore, the above allegation is found to be **UNSUBSTANTIATED**. A finding that a complaint allegation is unsubstantiated means that although the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.

24 **Call buttons are not answered timely: Unsubstantiated**

The department conducted interviews and reviewed records to investigate the allegation. During residents' interview, residents stated that staff respond to their call buttons in timely manner however sometimes there is a delay in response due to staff assisting other resident's needs. During call button log review, the department did not observe any long or extended wait times from staff to respond to resident's call button.

As a result of this investigation, LPA finds allegation to be **UNSUBSTANTIATED** - A finding that the complaint is Unsubstantiated means that although the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.

Exit interview conducted. Report left with facility.

**NAME OF LICENSING PROGRAM MANAGER:** Laura Munoz  
**NAME OF LICENSING PROGRAM ANALYST:** Lavinia Muscan  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 01/28/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/28/2025