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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 312700555
Report Date: 08/11/2026
Date Signed: 08/11/2026 11:11:17 AM

Unfounded

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/04/2026** and conducted by Evaluator Melissa Parks

PUBLIC	COMPLAINT CONTROL NUMBER: 59-AS-20260804154416

FACILITY NAME:	SUMMERSET LINCOLN ASSISTED LIVING			**FACILITY NUMBER:**	312700555
ADMINISTRATOR:	SABRINA BOYLE			**FACILITY TYPE:**	740
ADDRESS:	550 2ND ST			**TELEPHONE:**	(916) 644-3151
CITY:	LINCOLN	**STATE:** CA		**ZIP CODE:**	95648
CAPACITY:	162	**CENSUS:** 98		**DATE:**	08/11/2026
		UNANNOUNCED		**TIME BEGAN:**	10:00 AM
MET WITH:	Shalon Morris			**TIME COMPLETED:**	11:30 AM

ALLEGATION(S):

1	Staff are not allowing residents to leave their rooms
2	Staff do not ensure residents are provided a comfortable environment
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Melissa Parks arrived unannounced on Tuesday August 11, 2026, to
2	conduct a complaint investigation. LPA met with Resident Services Director Shalon and explained
3	purpose of visit.
4	
5	LPA learned the following: On Thursday July 30, 2026, one resident was sent to the hospital with
6	symptoms of vomiting and diarrhea. Resident was diagnosed with norovirus the following day. The facility
7	reported this to the Department and cross reported it to Placer County Public Health on Friday July 31,
8	2026. Per the guidance of Public Health, the following precautions were implemented to minimize the
9	spread of the disease: deep cleaning of common areas, meals delivered to resident rooms on disposable
10	dishware and utensils, and group activities were paused. Residents were encouraged to stay in their
11	rooms but not required to do so. Visitors were notified of the illness and encouraged to pause visitation
12	but were never restricted from visiting. No medical appointments were cancelled. Residents who needed
13	assistance with ambulating were offered 1:1 assistance from staff to walk around the building or the

Unfounded	Estimated Days of Completion:

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Melissa Parks
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026

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

Control Number 59-AS-20260804154416

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

FACILITY NAME: SUMMERSET LINCOLN ASSISTED LIVING **FACILITY NUMBER:** 312700555
VISIT DATE: 08/11/2026

NARRATIVE

courtyard. Per Public Health's guidance, the facility could not resume normal activities until all facility residents and staff were 24-hour symptom free. The facility resumed normal operations and activities on Monday August 10, 2026.

Based on the evidence provided, the preponderance of evidence standards was not met, therefore, the above allegations are found to be UNFOUNDED. An unfounded allegation means that the allegation was false, could not have happened and/or is without a reasonable basis.

Exit interview. A copy of this report was provided to the Administrator.

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Melissa Parks
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026