

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 312700641
Report Date: 03/13/2026
Date Signed: 03/13/2026 02:27:06 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 **01/27/2026** and conducted by Evaluator Graham Gunby

	COMPLAINT CONTROL NUMBER: 59-AS-20260127151401
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FACILITY NAME: SUMMERFIELD OF ROSEVILLE	FACILITY NUMBER: 312700641
ADMINISTRATOR: MAY TATE	FACILITY TYPE: 740
ADDRESS: 110 STERLING COURT	TELEPHONE: (916) 772-6500
CITY: ROSEVILLE	ZIP CODE: 95661
CAPACITY: 64	DATE: 03/13/2026
MET WITH: Executive Director - Neil Torres	UNANNOUNCED TIME BEGAN: 10:15 AM
	TIME COMPLETED: 11:45 AM

ALLEGATION(S):

1	Staff are not following universal precautions to prevent the spread of scabies
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INVESTIGATION FINDINGS:

1	On 03/13/2026, Licensing Program Analyst (LPA) Graham Gunby arrived at the facility unannounced to deliver complaint findings into the allegation listed above and met with Executive Director, Neil Torres.
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4	Based on observation, record review, and statement reviewed, the facility was following infection control requirements. Public Health was contacted and they stated since it was only one client, they were not going to get involved. The administrator did submit an incident report to the department. As a precaution, during the first sign of a rash, facility puts out PPE outside the resident room, notifies staff of the potential of scabies, and an in-service to staff is reviewed on proper handwashing and universal precautions.
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9	Facility encouraged residents to stay in their room during the episode. It was observed facility had required PPE outside the resident room; therefore, the allegation is UNFOUNDED. A finding of unfounded means that the allegation is false, could not have happened and/or is without a reasonable basis.
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13	Exit interview conducted. Report left with facility.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Graham Gunby
LICENSING EVALUATOR SIGNATURE:

DATE: 03/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/13/2026

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