

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 312700739
Report Date: 07/13/2026
Date Signed: 07/13/2026 02:04:17 PM

Substantiated

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 02/27/2026 and conducted by Evaluator Graham Gunby

	COMPLAINT CONTROL NUMBER: 59-AS-20260227090313
FACILITY NAME: PINES, THE	FACILITY NUMBER: 312700739
ADMINISTRATOR: HENRY COLE	FACILITY TYPE: 740
ADDRESS: 500 W RANCHVIEW DRIVE	TELEPHONE: (916) 672-5019
CITY: ROCKLIN	ZIP CODE: 95765
CAPACITY: 142	DATE: 07/13/2026
	UNANNOUNCED TIME BEGAN: 10:30 AM
MET WITH: Executive Director - Henry Cole	TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1	Staff did not ensure resident care plan was followed
2	Resident sustained injuries while in care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Graham Gunby arrived unannounced on 07/13/2026 to complete and
2	deliver findings to a complaint received on 02/27/2026. LPA met with Executive Director (ED), Henry
3	Cole, and explained the purpose of the visit.
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5	*Report continues on LIC9099-C*
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Ordonez	
LICENSING EVALUATOR NAME: Graham Gunby	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/13/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/13/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 4
Control Number 59-AS-20260227090313

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: PINES, THE	FACILITY NUMBER: 312700739
	VISIT DATE: 07/13/2026

NARRATIVE	
1	Allegation: Staff did not ensure resident care plan was followed
2	
3	Based on interviews and record review, the licensee failed to ensure the resident was safely assisted with transfers,
4	resulting in injury. Record Review:
5	
6	A review of Resident 1's (R1) service plan, dated prior to 02/24/2026, showed that R1 required moderate
7	assistance with transfers due to reduced mobility, balance issues, and strength limitations. The service plan
8	specified that R1 needed hands-on assistance and, when necessary, two staff to assist with transfers to ensure
9	safety. The plan also indicated that R1 could bear weight with support and required staff to use proper transfer
10	techniques.
11	
12	Personnel records showed that a staff member was terminated for failing to provide physical assistance during R1's
13	transfer and for not following required transfer procedures.
14	
15	
16	Allegation: Resident sustained injuries while in care
17	
18	Based on record review, interviews and observations, R1 required hands-on assistance for safe transfers. Evidence
19	showed that staff failed to provide the required physical support during the transfer on 02/24/2026, which resulted
20	in R1 falling and sustaining multiple injuries. This demonstrated that the licensee did not ensure staff followed the
21	resident's care plan or provided safe transfer assistance.
22	
23	An immediate civil penalty in the amount of \$500.00 is to be assessed for a resident sustaining a serious bodily
24	injury while in care at this facility.
25	
26	As a result of resident's injury, the violation warrants a civil penalty assessment based on health and safety code
27	1569.49(f). At this time, the civil penalty assessment is under review. LPA will return at a future date to assess a
28	civil penalty if warranted.
29	
30	
31	Based on interviews and evidence obtained during the investigation, the preponderance of evidence
32	standard has been met, therefore, the above allegations is found to be SUBSTANTIATED . California
	Code of Regulations, (Title 22), is being cited on the attached LIC9099D. Appeal rights were provided.
	Exit interview conducted and a copy of the report was provided to ED, .

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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COMPLAINT INVESTIGATION REPORT (Cont)

SACRAMENTO NORTH ASC, 9835 GOETHE
ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: PINES, THE

FACILITY NUMBER: 312700739

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/13/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/20/2026 Section Cited HSC 1569.2(c)	1 Health and Safety Code section 2 1569.2(c) provides: (c) "Care and 3 supervision" means the facility 4 assumes responsibility for, or 5 provides... ongoing assistance with 6 activities of daily living without which 7 the resident's physical health, mental 8 health, safety, or welfare would be 9 endangered. Assistance includes 10 assistance with taking medications, 11 money management, or personal care. 12 This requirement was not met as 13 evidenced by:	1 Licensee agrees to conduct a staff 2 training concerning the requirement to 3 assist residents with showers. Licensee 4 shall submit the staff sign in sheet with 5 dates and staff signatures as proof of 6 correction by 07/20/2026.
	8 Based on interviews and document 9 review it was determined that staff did 10 not ensure that R1 is provided 11 assistance in transferring as required in 12 their care plan resulting in injury to 13 resident in care. This poses an 14 immediate health and safety risk to 15 residents in care.	
Type A 07/20/2026 Section Cited CCR 87464(f)(1)	1 87464 Basic Services (f) Basic services 2 shall at a minimum include: (1) Care 3 and supervision as defined in Section 4 87101(c)(3) and Health and Safety 5 Code section 1569.2(c). This 6 requirement is not met as evidenced 7 by:	1 Licensee agrees to submit a statement 2 of understanding for 87464(f)(1) and 3 will submit to LPA through email by 4 07/20/2026.
	8 Based on interviews conducted and 9 records reviewed, the facility did not 10 ensure that resident received 11 assistance with transfers in accordance 12 with the care plan and assessments, 13 which poses an immediate health, 14 safety, and personal rights risk to 15 residents in care.	

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	
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LICENSING EVALUATOR SIGNATURE:	DATE: 07/13/2026
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LIC9099 (FAS) - (06/04)

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

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ADDRESS:	500 W RANCHVIEW DRIVE	TELEPHONE:	(916) 672-5019
CITY:	ROCKLIN	STATE: CA	ZIP CODE: 95765
CAPACITY:	142	CENSUS: 121	DATE: 07/13/2026
		UNANNOUNCED	TIME BEGAN: 10:30 AM
MET WITH:	Executive Director - Henry Cole	TIME COMPLETED:	02:00 PM

ALLEGATION(S):

1	Staff did not ensure reporting requirements were followed
2	
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Graham Gunby arrived unannounced on 07/13/2026 to complete and
2	deliver findings to a complaint received on 02/27/2026. LPA met with Executive Director (ED), Henry Cole
3	, and explained the purpose of the visit.
4	
5	Based on interviews conducted and file reviewed, facility notified the Department of Incident, which
6	meets Title 22 reporting requirements. The facility provided documentation of calling emergency services
7	as well as the POA before submitting an incident report to the department. Therefore, the allegation is
8	unfounded meaning that the allegation is false, could not have happened, and/or is without a reasonable
9	basis.
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11	Exit interview was conducted with ED and a copy of this report was provided to the facility.
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Unfounded	Estimated Days of Completion:
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