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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 312700996
Report Date: 08/18/2026
Date Signed: 08/18/2026 11:46:16 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 **05/15/2026** and conducted by Evaluator Angela Hood

	COMPLAINT CONTROL NUMBER: 59-AS-20260515100854

FACILITY NAME:	WELLQUEST GRANITE BAY TENANTCO LLC			**FACILITY NUMBER:**	312700996
ADMINISTRATOR:	MICHAEL TALANI			**FACILITY TYPE:**	740
ADDRESS:	9747 SIERRA COLLEGE BLVD			**TELEPHONE:**	(916) 864-9800
CITY:	GRANITE BAY	**STATE:** CA		**ZIP CODE:**	95746
CAPACITY:	135	**CENSUS:** 118		**DATE:**	08/18/2026
		UNANNOUNCED		**TIME BEGAN:**	10:20 AM
MET WITH:	Charles Russell, Executive Director			**TIME COMPLETED:**	12:00 PM

ALLEGATION(S):

1	-Staff administered wrong medication to resident resulting in medical care
2	-Staff are not properly trained
3	-Staff did not report incident to licensing
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Angela Hood arrived at the care home today and met with the
2	Executive Director (ED), Charles Russell, to deliver complaint investigation findings regarding the above
3	stated allegations.
4	
5	During the course of the investigation, LPA obtained documentation pertinent to the investigation and
6	conducted an interview.
7	
8	LPA interviewed ED regarding an incident that occurred on April 22, 2026 or April 23, 2026 involving staff
9	(S1) administering the wrong medication to a resident. ED indicated that there were no incidents
10	regarding mismanagement of medications. ED indicated that there was an incident on April 23, 2026 with
11	resident (R1).
12	
13	**********Continued on LIC9099-C**********

Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Angela Hood
LICENSING EVALUATOR SIGNATURE:
DATE: 08/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/18/2026

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

Control Number 59-AS-20260515100854

FACILITY NAME: WELLQUEST GRANITE BAY TENANTCO LLC **FACILITY NUMBER:** 312700996

VISIT DATE: 08/18/2026

NARRATIVE

An Unusual Incident/Injury Report LIC624 was submitted to CCLD on April 28, 2026 regarding the April 23, 2026 incident. R1 had called for assistance and staff (S1) responded to the call. R1 indicated that they were not feeling well and reported that they were nauseous, sweating, and shaky. Emergency medical was contacted and upon arrival assessed R1. R1 refused transport to the hospital. The facility contacted R1's primary care physician (PCP) and responsible party. As a result of the incident, the facility began frequent checks of R1 to monitor for any changes or concerns. On April 24, 2026, R1 called for assistance as they were still not feeling well. Emergency medical was contacted and R1 was transported to the hospital. The facility submitted an Unusual Incident/Injury Report to CCLD on April 28, 2026.

According to R1's Medical Assessment LIC602A dated April 8, 2026, R1 was able to administer their own prescription and PRN medications, as well as store their own medications. Interview with ED indicated that, as of April 15, 2026, R1 was able to store and administer their own medications. ED indicated that the facility began medication management for R1 on April 25, 2026. R1's Health and Services Evaluation dated April 15, 2026 indicated that they were able to self administer their own medications. R1's Health and Services Evaluation dated April 24, 2026 indicated that the facility began providing assistance with R1's medications.

An Unusual Incident/Injury Report LIC624 was submitted to CCLD on April 27, 2026 regarding an incident that occurred on April 22, 2026 involving resident (R2). R2 had called for assistance from the dining room. S1 responded and R1 reported that they were having shortness of breath. Emergency medical was contacted and assessed R2. R2 refused transport to the hospital. The facility contacted R2's PCP and responsible party. As a result of the incident, the facility began frequent checks of R2. R2 reported that they were feeling ok after the incident. No further incidents occurred. According to R2's Health and Services Evaluation dated February 15, 2026, they were independent with medication and were able to self administer their own medications. Neither incident from April 22, 2026 and April 23, 2026, regarding R1 or R2, involved administering the wrong medication to a resident resulting in medical care. Both incidents were reported to CCLD within seven (7) days of the occurrences.

**********Continued on LIC9099-C**********

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

NARRATIVE

LPA reviewed S1's training documentation, and S1 had completed all required training, as well as Med Tech training. On May 14, 2026, LPA conducted a separate inspection and reviewed six (6) additional staff members' personnel files (S2, S3, S4, S5, S6, and S7). S2, S3, S4, S5, S6, and S7 had completed all training in accordance with regulatory requirements.

Based on documentation obtained and interviews conducted, the above allegations are found to be UNFOUNDED. A finding that the allegations are unfounded means that the allegations are false, could not have happened, and/or are without a reasonable basis. No deficiencies are being cited.
Exit interview conducted. A copy of the report was provided.

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