

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 315001968
Report Date: 10/09/2025
Date Signed: 10/09/2025 02:36:45 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 **08/27/2025** and conducted by Evaluator Melissa Parks

PUBLIC	COMPLAINT CONTROL NUMBER: 59-AS-20250827092958
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FACILITY NAME: SUNRISE OF ROCKLIN	FACILITY NUMBER: 315001968
ADMINISTRATOR: LAURIE SPURLOCK	FACILITY TYPE: 740
ADDRESS: 6100 SIERRA COLLEGE BLVD	TELEPHONE: (916) 632-3003
CITY: ROCKLIN	STATE: CA ZIP CODE: 95677
CAPACITY: 82	CENSUS: 62 DATE: 10/09/2025
MET WITH: Laurie Spurlock	UNANNOUNCED TIME BEGAN: 01:25 PM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff keeps facility doors locked 24 hours of the day.
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INVESTIGATION FINDINGS:

1	LPA Parks arrived on Thursday October 9, 2025, to deliver findings for a complaint investigation
2	regarding the above allegation. LPA met with Laurie and explained the purpose of the visit.
3	
4	Throughout interviews, LPA learned that all doors to the outside are alarmed. Residents can leave at any
5	time. The receptionist is on duty from 7am - 7pm every day to assist visitors entering the building.
6	Families were notified of the change via email on August 14, 2025. There is approximately a 15-30
7	second wait for the door to be opened. After 7pm, care staff are able to monitor the front door via
8	camera. They have the ability to answer and unlock the door remotely.
9	
10	Based on the evidence provided, the preponderance of evidence standards was not met, therefore, the
11	above allegations is found to be UNFOUNDED. An unfounded allegation means that the allegation was
12	false, could not have happened and/or is without a reasonable basis.
13	
	Exit interview conducted. A copy of this report was left at the facility.

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty

NAME OF LICENSING PROGRAM ANALYST: Melissa Parks

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/09/2025

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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