

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 315001968
Report Date: 07/14/2026
Date Signed: 07/14/2026 09:55:57 AM

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 **07/07/2026** and conducted by Evaluator Melissa Parks

PUBLIC	COMPLAINT CONTROL NUMBER: 59-AS-20260707114703
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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	ZIP CODE:	95677
CAPACITY:	82	DATE:	07/14/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:05 AM
	CENSUS: 68	TIME	
MET WITH:	Barbara Barron	COMPLETED:	10:15 AM

ALLEGATION(S):

1	Staff did not ensure resident records were properly secured
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Melissa Parks arrived on Tuesday July 14, 2026, unannounced to
2	conduct a complaint visit regarding the above allegation. LPA met with Senior Executive Director Barbara
3	and explained the purpose of the visit.
4	
5	LPA interviewed the Administrator regarding the allegation. LPA learned the following: On July 7, 2026,
6	the front desk sent a mass email to all residents and families. Instead of an attachment regarding
7	leadership coverage for the facility being sent, mistakenly an excel spreadsheet including resident
8	names, apartment numbers, responsible parties, and responsible party contact information was sent.
9	Once the mistake was discovered, Barbara sent a follow-up apology email and a request to delete
10	confidential information. Based on the information detailed above, LPA finds the allegation to be
11	substantiated. A finding that the allegation is Substantiated means that the allegation is valid because the
12	preponderance of the evidence standard has been met. Deficiency cited on 9099-D. Exit interview
13	conducted. A copy of this report and appeal rights were provided.

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz LICENSING EVALUATOR NAME: Melissa Parks LICENSING EVALUATOR SIGNATURE:		DATE: 07/14/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 07/14/2026

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 2
Control Number 59-AS-20260707114703

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: SUNRISE OF ROCKLIN DEFICIENCY INFORMATION FOR THIS PAGE:	FACILITY NUMBER: 315001968 VISIT DATE: 07/14/2026
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Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 07/28/2026 Section Cited CCR 87506(c)	1	87506 Resident Records	1	Facility will conduct training for all staff
	2	(c) All information and records obtained	2	regarding confidential information.
	3	from or regarding residents shall be	3	Administrator will provide sign in
	4	confidential. This requirement was not	4	sheets, training records including
	5	met as evidenced by the facility	5	materials provded to staff.
	6	providing confidential information via	6	
	7	email to responsible parties.	7	
	8	This poses an indirect threat to the	8	
	9	health and safety of residents in care.	9	
	10		10	
	11		11	
	12		12	
	13		13	
	14		14	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	

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: Laura Munoz LICENSING EVALUATOR NAME: Melissa Parks LICENSING EVALUATOR SIGNATURE:		DATE: 07/14/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 07/14/2026