

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 315003016

Report Date: 03/17/2026

Date Signed: 03/17/2026 10:30:43 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/06/2025** and conducted by Evaluator Melissa Parks

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 59-AS-20251006123021</b>
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<b>FACILITY NAME:</b> SENIOR CARE VILLA OF LOOMIS	<b>FACILITY NUMBER:</b> 315003016
<b>ADMINISTRATOR:</b> ILONA CORPUS	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 3400 CHISOM TRAIL	<b>TELEPHONE:</b> (916) 652-8000
<b>CITY:</b> LOOMIS	<b>ZIP CODE:</b> 95650
<b>CAPACITY:</b> 35	<b>DATE:</b> 03/17/2026
<b>MET WITH:</b> Shreetika Chand	<b>UNANNOUNCED TIME BEGAN:</b> 09:00 AM
	<b>TIME COMPLETED:</b> 10:30 AM

### ALLEGATION(S):

1	Neglect/Lack of Care and Supervision
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Melissa Parks arrived unannounced on Tuesday March 17, 2026, to deliver findings for a complaint received on 10/6/2025. LPA met with Administrator Shreetika and explained the purpose of the visit.
2	
3	
4	
5	During the course of the investigation, the Department conducted interviews and obtained documentation pertinent to the investigation. The following timeline of events is as follows: on 10/3/2025 at
6	approximately 3:00 am, R1 entered the apartment of R2. R2 attempted to escort R1 out of their
7	apartment when an unwitnessed altercation occurred. R1 was transported to the hospital and diagnosed
8	with an acute chronic left front subdural hematoma, right lateral clavicle fracture, and multiple right-sided
9	rib fractures. R2 was also transported to the hospital and diagnosed with a laceration to their hand and
10	leg.
11	
12	Continued on 9099-C
13	

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Laura Munoz  
**LICENSING EVALUATOR NAME:** Melissa Parks  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/17/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/17/2026

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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**Control Number** 59-AS-20251006123021

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:** SENIOR CARE VILLA OF LOOMIS

**FACILITY NUMBER:** 315003016

**VISIT DATE:** 03/17/2026

### NARRATIVE

1 Staff interviews revealed that on the night of the incident, there were only two staff working. According to  
2 staff and Administrator interviews, there should have been three staff on NOC shift. According to the  
3 October staffing schedule, the NOC shift schedule was not consistently staffed with 3 employees. Per  
4 the Administrator, a full-time NOC shift employee had recently reduced their hours due to personal  
5 reasons. Interviews described R1 as having a tendency of wandering exit seeking behavior, and  
6 aggression towards staff and other residents. Although there was no previous incident of physical  
7 attacks from R1 to other residents, staff noted it was only a matter of time that R1 attacked a resident  
8 due to their aggression. According to R1's needs and services plan, they required total assistance with  
9 interventions due to agitation and aggressiveness to ensure the safety of other residents. Additionally,  
10 R1 was identified as frequently exit seeking. R1's physicians report lists R1's primary diagnosis as  
11 Dementia with agitation and aggressive behaviors. Due to the facility's inadequate staffing, staff on site  
12 could not properly supervise the residents which resulted in an altercation between two residents.

13  
14 Based on interviews conducted and documentation obtained, the preponderance of evidence standards  
15 have been met. Therefore, the above allegation is found to be SUBSTANTIATED. Per California Code of  
16 Regulations, Title 22, Division 6, Chapter 8, deficiency is being cited on the attached 9099-D page. As a  
17 result of the resident's serious bodily injury, an immediate civil penalty per Health and Safety Code §  
18 1548 in the amount of \$500 is being assessed for a violation that the Department determines resulted in  
19 the injury or illness of a person in care. An additional civil penalty assessment is under review and  
20 determination is pending. LPA will return on a future date to assess an additional civil penalty if  
21 warranted.

22  
23 See 9099-D for citation

24  
25 Exit interview conducted. A copy of the report and appeal rights provided.  
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**SUPERVISORS NAME:** Laura Munoz  
**LICENSING EVALUATOR NAME:** Melissa Parks  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/17/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/17/2026

LIC9099 (FAS) - (06/04)

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**Control Number** 59-AS-20251006123021

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
SACRAMENTO NORTH ASC, 9835 GOETHE

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

ROAD, SUITE 100  
SACRAMENTO, CA 95827

**FACILITY NAME:** SENIOR CARE VILLA OF LOOMIS  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 315003016  
**VISIT DATE:** 03/17/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/18/2026 Section Cited CCR 87464(f)(1)	1 87464 Basic Services (f) Basic services 2 shall at a minimum include: (1) Care 3 and supervision... 4 This requirement is not met as 5 evidenced by based on documentation 6 reviewed and interviews conducted, the 7 facility did not ensure staff were sufficient in number to	1 The facility agrees to: submit a plan for 2 the facility to maintain adequate staffing 3 in the event of staff quitting, call offs, no 4 shows, etc. 5 6 7
	8 provide care and supervision to 9 residents, which poses an immediate 10 health, safety, and personal rights risk 11 to residents in care. 12 13 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 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.**

SUPERVISORS NAME: Laura Munoz LICENSING EVALUATOR NAME: Melissa Parks LICENSING EVALUATOR SIGNATURE: _____		DATE: 03/17/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE: _____		DATE: 03/17/2026