

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 315920037
Report Date: 02/18/2026
Date Signed: 02/18/2026 02:33:34 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 02/12/2026 and conducted by Evaluator Kevin Mknelly

	COMPLAINT CONTROL NUMBER: 59-AS-20260212093422
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FACILITY NAME:	SAPPHIRE SENIOR CARE	FACILITY NUMBER:	315920037
ADMINISTRATOR:	TULENINOVA, NATALIA	FACILITY TYPE:	740
ADDRESS:	667 GRIDER DRIVE	TELEPHONE:	(279) 900-8903
CITY:	ROSEVILLE	ZIP CODE:	95678
CAPACITY:	6	DATE:	02/18/2026
	STATE: CA	TIME BEGAN:	01:10 PM
	CENSUS: 6	TIME	02:40 PM
	UNANNOUNCED	COMPLETED:	
MET WITH:	caregiver S1		

ALLEGATION(S):

1	Staff did not abide to the admission agreement
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3	
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9	

INVESTIGATION FINDINGS:

1	On 2/18/26, Licensing Program Analyst (LPA) Kevin Mknelly spoke with care giver S1 who notified
2	Natalia Tulenenova. Natatia arrived for LPA to investigate and to deliver complaint findings for the above
3	allegation.
4	
5	LPA reviewed resident records and conducted interviews.
6	LPA finds that the allegations cited above are substantiated.
7	
8	R1 was admitted to te facility while in hospice care on 11/22/25. R1 passed away on 11/25/25. R1's
9	belongings were removed from the facility on 11/25/26 . To date, R1's representaives were not
10	reimbursed for the balance for fees paid for Nov. 2024. Therefore R1's representative is owed a refund
11	
12	As a result of this investigation, LPA finds allegation to be (S) Substantiated -
13	Report reviewed with Natalia . Copy of this report and appeal rights provided.

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Maribeth Senty	
LICENSING EVALUATOR NAME: Kevin Mknelly	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/18/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/18/2026

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-20260212093422

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SAPHIRE SENIOR CARE	FACILITY NUMBER: 315920037
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 02/18/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 03/04/2026 Section Cited HSC 1569.652(a)	1 2 3 4 5 6 7	(a) A residential care facility for the elderly shall not require advance notice for terminating an admission agreement upon the death of a resident. No fees shall accrue once all personal property belonging to the deceased resident is removed from the living unit.	1 2 3 4 5 6 7	Licensee will submit proof of reimbursement by the POC date of 3/4/26
	8 9 10 11 12 13 14	This requirement was not met based on records and statement. This posed a potential risk	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: Maribeth Senty	
LICENSING EVALUATOR NAME: Kevin Mknelly	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/18/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/18/2026