

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 315920101
Report Date: 07/08/2026
Date Signed: 07/08/2026 10:13:18 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 **06/29/2026** and conducted by Evaluator Melissa Parks

PUBLIC	COMPLAINT CONTROL NUMBER: 59-AS-20260629084943
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FACILITY NAME: COUNTRY LIVING SENIOR CARE	FACILITY NUMBER: 315920101
ADMINISTRATOR: GROZAV, MARIA	FACILITY TYPE: 740
ADDRESS: 425 WISE ROAD	TELEPHONE: (916) 956-8362
CITY: LINCOLN	ZIP CODE: 95648
CAPACITY: 6	DATE: 07/08/2026
	UNANNOUNCED TIME BEGAN: 08:45 AM
MET WITH: Maria Grozav	TIME COMPLETED: 10:30 AM

ALLEGATION(S):

1	Facility staff did not provide adequate supervision, resulting in a resident eloping from the facility
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Melissa Parks arrived on Wednesday July 8, 2026 unannounced to
2	conduct a complaint visit regarding the above allegation. LPA met with Administrator Maria and explained
3	the purpose of the visit.
4	
5	LPA interviewed the Administrator regarding the allegation. LPA learned the following: On 6/28/2026 at
6	approximately 1 am, R1 exited from the front door of the facility and proceeded to walk down the road.
7	R1 was returned to the facility by a neighbor who was returning home. LPA learned that the front door
8	alarm did not alert staff that it was opened. R1 is diagnosed with Dementia with no history of wandering.
9	
10	Based on the information detailed above, LPA finds the allegation to be substantiated. A finding that the
11	allegation is Substantiated means that the allegation is valid because the preponderance of the evidence
12	standard has been met. Deficiency cited on 9099-D. Exit interview conducted. A copy of this report and
13	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: 07/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/08/2026

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-20260629084943

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COMPLAINT INVESTIGATION REPORT
(Cont)

FACILITY NAME: COUNTRY LIVING SENIOR CARE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 315920101
VISIT DATE: 07/08/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 07/09/2026 Section Cited CCR 87705(j)	1	87705 Care of Persons with Dementia.	1	Administrator will submit a plan to LPA regarding monitoring and replacing door alarms to ensure all are working properly at all times.
	2	(j) The licensee shall have an auditory device or other staff alert feature to monitor exits, if exiting presents a hazard to any resident.	2	
	3		3	
	4		4	
	5	This requirement was not met as evidenced by: Based on interview conducted and	5	
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	8	documentation reviewed, the Licensee did not ensure that the front door had an audible working alarm which posed an immediate health and safety risk to residents in care.	8	
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	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.

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Melissa Parks
LICENSING EVALUATOR SIGNATURE:

DATE: 07/08/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/08/2026