

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 315920292
Report Date: 09/01/2026
Date Signed: 09/01/2026 10:21:35 AM

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 08/18/2026 and conducted by Evaluator Cassie Yang

	COMPLAINT CONTROL NUMBER: 59-AS-20260818131827
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FACILITY NAME:	VISTA ROSEVILLE SENIOR LIVING	FACILITY NUMBER:	315920292
ADMINISTRATOR:	KIMBRO, SHERI	FACILITY TYPE:	740
ADDRESS:	100 STERLING COURT	TELEPHONE:	(916) 786-7200
CITY:	ROSEVILLE	ZIP CODE:	95661
CAPACITY:	128	DATE:	09/01/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:50 AM
	CENSUS:	TIME	
MET WITH:	Nate Condie	COMPLETED:	10:30 AM

ALLEGATION(S):

1	Staff do not prevent bedbug infestation
2	Staff do not prevent scabies infestation
3	Staff do not report unusual incidents to residents' authorized representatives
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Cassie Yang arrived unannounced at the facility to deliver the findings of the allegations cited above. LPA met with Executive Director and explained the purpose of the visit.
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4	During this course of this investigation, LPA conducted file reviews and interviews. The result of the investigation is as follow. For the allegation of Staff do not prevent bedbug infestation, file review
5	revealed that pest control has treated the facility for bedbugs on a couple of occasion since the sighting of "a bug". Interview reveals that actual bedbug sightings were not observed, and residents in the room
6	did not have any bites, but in precaution, residents were relocated out of the room for treatments to be
7	conducted. There are no reports of any biting and/or bedbug activity in any other area in the facility.
8	Invoices reviewed revealed that treatment was conducted in June 2026 and August 2026. Therefore the
9	allegation is unfounded.
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13	Please continue on LIC 9099-C.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Anthony Perez LICENSING EVALUATOR NAME: Cassie Yang LICENSING EVALUATOR SIGNATURE:		DATE: 09/01/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 09/01/2026

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-20260818131827

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VISTA ROSEVILLE SENIOR LIVING	FACILITY NUMBER: 315920292
	VISIT DATE: 09/01/2026

NARRATIVE	
1	LIC 9099-C
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3	For the allegation of Staff do not prevent scabies infestation, interview revealed that only one resident
4	(R1) in care was diagnosed with scabies. R1 enjoyed keeping to themselves and did not socialized
5	much with other residents in care. Close observations of the community was conducted and no other
6	residents in care reported of a rash. Incident report review revealed that R1 was diagnosed with scabies
7	at the hospital and was discharged to the community with treatment. R1 was isolated and placed in
8	quarantine in their room. Medical hospital paperwork revealed that R1 has since been medically cleared
9	of scabies. The allegation is unfounded.
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11	Allegation of Staff do not report unusual incidents to residents' authorized representatives, interviews
12	were conducted. Interview with authorized representative of the resident with alleged bedbugs (R2), it
13	revealed facility had informed them on resident relocation and pest control services. In interview
14	conducted with authorized representative of the resident with scabies (R1) revealed that they are aware
15	of the resident having scabies and that treatment was completed. Both R1 and R2's authorized
16	representatives stated "Nate is great" and reported no issues with the facility in regards to
17	communication. The allegation is unfounded.
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19	A finding of unfounded means that the allegation is false, could not have happened and/or is
20	without a reasonable basis.
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23	Exit interview conducted and a copy of the report was provided.
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SUPERVISORS NAME: Anthony Perez LICENSING EVALUATOR NAME: Cassie Yang LICENSING EVALUATOR SIGNATURE:		DATE: 09/01/2026
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