

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 317005428
Report Date: 12/12/2024
Date Signed: 12/12/2024 11:57:42 AM

Unfounded

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| 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 **11/01/2024** and conducted by Evaluator Todd Tryon

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| | COMPLAINT CONTROL NUMBER: 59-AS-20241101163420 |
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| FACILITY NAME: ATRIA ROCKLIN | FACILITY NUMBER: 317005428 |
| ADMINISTRATOR: DANA STANSEL | FACILITY TYPE: 740 |
| ADDRESS: 3201 SANTA FE WAY | TELEPHONE: (916) 435-8800 |
| CITY: ROCKLIN | STATE: CA ZIP CODE: 95765 |
| CAPACITY: 105 | CENSUS: 87 DATE: 12/12/2024 |
| MET WITH: Dana Stansel, Executive Director | UNANNOUNCED TIME BEGAN: 09:30 AM |
| | TIME COMPLETED: 12:00 PM |

ALLEGATION(S):

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| 1 | Licensee is not ensuring that the facility has enough staff to meet the needs of residents in care. |
| 2 | |
| 3 | Licensee is not ensuring that the facility provides food services of the quality and in the quantity |
| 4 | necessary to meet the needs of the residents in care. |
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INVESTIGATION FINDINGS:

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| 1 | On 12/12/2024 LPA Tryon visited the facility to complete the complaint. LPA met with Dana Stansel, ED. |
| 2 | LPA interviewed 5 residents on this date. |
| 3 | During the course of the investigation LPA has spoken with the Executive Director, 8 staff and 5 |
| 4 | residents. LPA viewed food supplies, kitchen, dining room, viewed several meals, and toured facility. |
| 5 | Regarding the allegation that Licensee is not ensuring that the facility has enough staff to meet the needs |
| 6 | of residents in care, LPA toured the facility, spoke with 8 staff and 5 residents. Everyone interviewed felt |
| 7 | that there are enough staff to meet resident needs. Sometimes staff may call in, but usually someone is |
| 8 | called in to cover. Even on days that a replacement can't be found, it was felt that staff is still able to meet |
| 9 | everyone's needs. Most said that response time to call buttons is usually no more than 10 minutes and |
| 10 | usually way less time. No one mentioned any needs going unmet. Allegation is UNFOUNDED. |
| 11 | Regarding the allegation that Licensee is not ensuring that the facility provides food services of the |
| 12 | quality and in the quantity necessary to meet the needs of the residents in care: All residents interviewed |
| 13 | enjoyed the food and all said there is plenty. Portions are generous, and all know that they can ask for more, |

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez

NAME OF LICENSING PROGRAM ANALYST: Todd Tryon

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/12/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/12/2024

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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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: ATRIA ROCKLIN

FACILITY NUMBER: 317005428

VISIT DATE: 12/12/2024

NARRATIVE

1 Regarding quality, all said the food is good. One person said it can be a little bland sometimes, but it is
2 good and portions are good. All were aware that there are always at least 2 choices for main courses;
3 and there is always the grill menu with burgers, hot dogs, sandwiches, etc. if they don't want either main
4 course. All said they can always find something they like.
5 Similarly, staff all believed the food was good and portions are generous. Many believed the portions are
6 actually bigger than needed, as residents are often not able to finish the first portion given. Staff overall
7 find the food good themselves, and most do eat meals from the facility kitchen. Staff are aware of
8 certain person's special dietary needs, and the kitchen is always accommodating for those needs. LPA
9 did not hear anyone say that the type of food is not healthy. Therefore, the allegation is UNFOUNDED.
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11 A finding of Unfounded means that the allegation is false, could not have happened, and/or is without a
12 reasonable basis.
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14 Exit interview conducted.
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NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez

NAME OF LICENSING PROGRAM ANALYST: Todd Tryon

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/12/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/12/2024

LIC9099 (FAS) - (06/04)

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