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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 317005428
Report Date: 07/15/2026
Date Signed: 07/15/2026 02:35:27 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/03/2026** and conducted by Evaluator Graham Gunby

	COMPLAINT CONTROL NUMBER: 59-AS-20260303115815

FACILITY NAME:	ATRIA ROCKLIN			**FACILITY NUMBER:**	317005428
ADMINISTRATOR:	CRISTINA ORTIZ			**FACILITY TYPE:**	740
ADDRESS:	3201 SANTA FE WAY			**TELEPHONE:**	(916) 435-8800
CITY:	ROCKLIN	**STATE:** CA		**ZIP CODE:**	95765
CAPACITY:	105	**CENSUS:** 62		**DATE:**	07/15/2026
		UNANNOUNCED		**TIME BEGAN:**	01:00 PM
MET WITH:	Executive Director - Dana Stansel			**TIME COMPLETED:**	03:00 PM

ALLEGATION(S):

1	Staff did not prevent residents from engaging in a physical altercation
2	Staff did not ensure reporting requirements were followed
3	Staff threatened eviction on resident in care
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INVESTIGATION FINDINGS:

1	On 07/15/26, Licensing Program Analyst (LPA) Graham Gunby arrived at the facility unannounced to
2	deliver complaint findings into the allegations listed above and met with Executive Director, Dana
3	Stansel. During the investigation, the Department conducted interviews, observations an reviewed
4	documentation pertinent to the investigation.
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6	*Continued on LIC9099-C*
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Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Graham Gunby
LICENSING EVALUATOR SIGNATURE:
DATE: 07/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/15/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 59-AS-20260303115815

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMPLAINT INVESTIGATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

FACILITY NAME: ATRIA ROCKLIN **FACILITY NUMBER:** 317005428
VISIT DATE: 07/15/2026

NARRATIVE

Allegation: Staff did not prevent residents from engaging in a physical altercation

Through the course of the investigation process, CCL conducted interviews, toured the facility, and reviewed records regarding the allegation above. The incident started with arguing between R1 and R2 then escalated to R1 being hit. Staff intervened at this point, trying to re-direct and calm the residents. It was determined that staff were in the vicinity, and when alerted to the incident responded and separated the residents. Staff reported the incident to management and the proper services were called.

Allegation: Staff did not ensure reporting requirements were followed

Throughout the course of the investigation the department reviewed records and conducted interviews with staff relevant to the complaint allegation. Staff interviews indicated that staff reported the incident to management who submitted a LIC624 to the Department, contacted EMS and POA. Record review revealed that facility submitted all required documents to the department per Reporting Requirements.

Allegation: Staff threatened eviction on resident in care

During interviews with staff, it was stated to the LPA that R1 and their family were not threatened with an eviction or given an eviction notice. It was stated that R1 was encouraged to increase their level of care due to the behaviors presented at the facility. Staff stated that they had a meeting with R1's family and explained that R1's behavior warranted an increased level of care. During interviews with witnesses, they stated that facility management stated R1 would need to either increase the level of care or move from the facility. The LPA asked the witness if R1 or the witness was given an eviction notice, they stated no, but moved R1 out of the facility due to the increase in cost.

This agency has investigated these allegations. We have found that the allegations is **UNFOUNDED**, meaning that the allegation was false, could not have happened and/or is without a reasonable basis. We have therefore dismissed the complaint.

Exit interview with Executive Director. Report provided

SUPERVISORS NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Graham Gunby
LICENSING EVALUATOR SIGNATURE:
DATE: 07/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/15/2026