

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 317005628  
Report Date: 03/12/2026  
Date Signed: 03/12/2026 03:47:21 PM

**Unsubstantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/19/2026** and conducted by Evaluator Angela Hood

	<b>COMPLAINT CONTROL NUMBER: 59-AS-20260219102741</b>
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<b>FACILITY NAME:</b> ESKATON LODGE GRANITE BAY	<b>FACILITY NUMBER:</b> 317005628
<b>ADMINISTRATOR:</b> KAY DEVAULT	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 8550 BARTON RD	<b>TELEPHONE:</b> (916) 789-0326
<b>CITY:</b> GRANITE BAY	<b>STATE:</b> CA
<b>CAPACITY:</b> 118	<b>ZIP CODE:</b> 95746
	<b>DATE:</b> 03/12/2026
	<b>UNANNOUNCED TIME BEGAN:</b> 10:15 AM
<b>MET WITH:</b> Alicia Rist, Regional Director of Operations	<b>TIME COMPLETED:</b> 12:30 PM

**ALLEGATION(S):**

1	-Facility staff are not answering communications from resident's family
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Angela Hood arrived at the care home today and met with the Regional
2	Director of Operations, Alicia Rist, to deliver complaint investigation findings regarding the above stated
3	allegation.
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5	During the course of the investigation, LPA conducted interviews and obtained documentation pertinent
6	to the investigation.
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9	*****Continued on LIC9099-
10	C*****
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Laura Munoz  
**LICENSING EVALUATOR NAME:** Angela Hood  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/12/2026

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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**Control Number** 59-AS-20260219102741

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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:** ESKATON LODGE GRANITE BAY

**FACILITY NUMBER:** 317005628

**VISIT DATE:** 03/12/2026

### NARRATIVE

1 Interviews with the Resident Care Director (RCD) and former Executive Director (ED), Kay Devault,  
2 indicated that they have not had any voice messages from any other family members of resident (R1).  
3 The former ED indicated that they provided their cell phone number to family members of residents at  
4 the care home, so they can contact the ED anytime. Interview with staff (S1) indicated that they have  
5 only heard of and seen R1's responsible party and were not aware of any other family members.  
6 Interviews with RCD, S1, and former ED indicated that the facility communicated frequently with R1's  
7 responsible party. Interview with R1's responsible party indicated that they were at the facility almost  
8 everyday and communicating with facility staff.

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10 Based on interviews conducted, although the allegation may have happened or is valid, there is not a  
11 preponderance of evidence to prove the alleged violation did or did not occur. Therefore, the allegation  
12 is UNSUBSTANTIATED. No deficiencies are being cited.

13 Exit interview conducted. A copy of the report was provided.  
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**SUPERVISORS NAME:** Laura Munoz  
**LICENSING EVALUATOR NAME:** Angela Hood  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/12/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/12/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

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## COMPLAINT INVESTIGATION REPORT

**COMPLAINT CONTROL NUMBER:** 59-AS-20260219102741

**FACILITY NAME:** ESKATON LODGE GRANITE BAY

**FACILITY NUMBER:** 317005628

**ADMINISTRATOR:** KAY DEVAULT  
**ADDRESS:** 8550 BARTON RD  
**CITY:** GRANITE BAY  
**CAPACITY:** 118

**STATE:** CA  
**CENSUS:** 77

**FACILITY TYPE:** 740  
**TELEPHONE:** (916) 789-0326  
**ZIP CODE:** 95746  
**DATE:** 03/12/2026

**UNANNOUNCED TIME BEGAN:** 10:15 AM

**MET WITH:** Alicia Rist, Regional Director of Operations

**TIME COMPLETED:** 12:30 PM

**ALLEGATION(S):**

1 -Facility staff did not properly report incident

**INVESTIGATION FINDINGS:**

1 Licensing Program Analyst (LPA) Angela Hood arrived at the care home today and met with the Regional  
2 Director of Operations, Alicia Rist, to deliver complaint investigation findings regarding the above stated  
3 allegation.  
4 According to resident (R1's) Death Report LIC624A, R1's responsible party was notified on the date of  
5 the incident, January 5, 2026. CCLD received a copy of the report on January 10, 2026. Interviews with  
6 the Resident Care Director (RCD) and staff (S1) indicated that the facility notified R1's responsible party,  
7 who is listed on R1's Face Sheet as the emergency contact/resident representative, of R1's passing. R1's  
8 emergency contact/resident representative is also listed on R1's Advance Health Care Directive as R1's  
9 primary agent. Interview with R1's responsible party indicated that they were notified of R1's passing.  
10 Based on records reviewed and interviews conducted, the above allegation is found to be UNFOUNDED.  
11 A finding that the allegation is unfounded means that the allegation is false, could not have happened,  
12 and/or is without a reasonable basis. No deficiencies are being cited. Exit interview conducted. A copy of  
13 report was provided.

**Unfounded**

**Estimated Days of Completion:**

**SUPERVISORS NAME:** Laura Munoz

**LICENSING EVALUATOR NAME:** Angela Hood

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/12/2026

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