

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 317005628  
Report Date: 09/18/2025  
Date Signed: 09/18/2025 05:04:41 PM

**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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/11/2025** and conducted by Evaluator Angela Hood

	<b>COMPLAINT CONTROL NUMBER: 59-AS-20250911141050</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>ZIP CODE:</b> 95746
<b>CAPACITY:</b> 118	<b>DATE:</b> 09/18/2025
<b>MET WITH:</b> Dina Jones, Activities Director	<b>UNANNOUNCED TIME BEGAN:</b> 03:15 PM
	<b>TIME COMPLETED:</b> 05:20 PM

**ALLEGATION(S):**

1	-Staff did not ensure reporting requirements were followed
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Angela Hood arrived at the care home today and met with Dina Jones,
2	Activities Director, to open a complaint and deliver complaint investigation findings. LPA also spoke with
3	the Executive Director (ED), Kay Devault, by phone.
4	
5	During today's visit, LPA conducted interviews and obtained documentation pertinent to the investigation.
6	LPA obtained a copy of the Unusual Incident/Injury Report LIC624 that was sent to the former LPA on
7	September 3, 2025 indicating that the facility found bed bugs in resident (R1's) room on the same date.
8	The LIC624 indicated that R1's family was notified as well as their primary care physician. Facility
9	removed all of R1's clothing from their room and laundered at a high temperature. R1 was moved to a
10	respite room until room is cleared of bed bugs. The ED provided LPA with email communications with
11	R1's family and power of attorney indicating that they are aware of the situation. The facility provided LPA
12	with the minutes from the resident counsel meeting, dated September 11, 2025, indicating that there was
13	a discussion
	*****Continued on LIC9099- C*****

**Unfounded**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Maribeth Senty  
**NAME OF LICENSING PROGRAM ANALYST:** Angela Hood  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/18/2025

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

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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:** ESKATON LODGE GRANITE BAY

**FACILITY NUMBER:** 317005628

**VISIT DATE:** 09/18/2025

### NARRATIVE

1 regarding pest concerns and the ongoing pest control services. The facility provided LPA a copy of a  
2 letter that was sent to all residents and families on September 11, 2025 indicating that the facility has an  
3 anticipated community inspection for pests on September 25, 2025 and September 26, 2025. ED  
4 provided LPA with several invoices and service requests indicating services conducted in the facility to  
5 ensure the pest issue is resolved.  
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7 Based on records reviewed and interviews conducted, the above allegation is found to be  
8 UNFOUNDED. A finding that the allegation is unfounded means that the allegation is false, could not  
9 have happened, and/or is without a reasonable basis. No deficiencies are being cited.  
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11 Exit interview conducted. A copy of report was provided.  
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**NAME OF LICENSING PROGRAM MANAGER:** Maribeth Senty  
**NAME OF LICENSING PROGRAM ANALYST:** Angela Hood  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/18/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 2