

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 317005900  
Report Date: 02/15/2021  
Date Signed: 02/15/2021 03:15:40 PM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/10/2020** and conducted by Evaluator Pheej Cheng

	<b>COMPLAINT CONTROL NUMBER: 27-AS-20200210114501</b>
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<b>FACILITY NAME:</b> MEADOW OAKS OF ROSEVILLE	<b>FACILITY NUMBER:</b> 317005900
<b>ADMINISTRATOR:</b> TANYSHA BORROMEO	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 930 OAK RIDGE RD	<b>TELEPHONE:</b> (916) 774-0200
<b>CITY:</b> ROSEVILLE	<b>ZIP CODE:</b> 95661
<b>CAPACITY:</b> 108	<b>DATE:</b> 02/15/2021
<b>MET WITH:</b> DEBRA DUVAL; ADMINISTRATOR	<b>UNANNOUNCED TIME BEGAN:</b> 02:00 PM
	<b>TIME COMPLETED:</b> 03:30 PM

**ALLEGATION(S):**

1	Resident room is malodorous
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**INVESTIGATION FINDINGS:**

1	On 2/15/21 at 2 PM, Licensing Program Analyst (LPA) Cheng conducted an unannounced telephone call
2	to facility in regards to allegation above. LPA spoke to current Administrator Debra Duval and explained
3	reason for visit. Telephone visits are conducted in order to be in compliance with the department's
4	procedures regarding COVID-19.
5	
6	Based on observation, LPA determined that R2's room is malodorous. LPA's visit on 2/13/2020, LPA
7	observed R1's room having a urine smell with soiled clothing on the bathroom floor. S4 was present
8	during LPA's observation of R2's room. S4 stated that there was an initial verbal agreement that R3
9	would assist in Activities of Daily Living (ADL) except for medication; however, no documentation was
10	presented.
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12	Continuation on LIC 9099C.
13	

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**NAME OF LICENSING PROGRAM MANAGER:** Rayna L Bryson  
**NAME OF LICENSING PROGRAM ANALYST:** Pheej Cheng  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 02/15/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 02/15/2021

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 3

**Control Number 27-AS-20200210114501**

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT (Cont)</h2>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA</p>
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**FACILITY NAME:** MEADOW OAKS OF ROSEVILLE **FACILITY NUMBER:** 317005900  
**VISIT DATE:** 02/15/2021

**NARRATIVE**

1	LPA informed that there are basic services written in the admissions agreement that has to be provided
2	to the resident along with providing a safe and healthful environment; which was not performed based
3	on observation.
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5	Based on LPA information obtained during investigation, the preponderance of evidence standard has
6	been met; therefore, the above allegation is found to be <b>SUBSTANTIATED</b> . California Code of
7	Regulations (Title 22, Division 6, Chapter 8), are being cited on the attached LIC 9099D.
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9	Exit interview conducted. Two copies of report along were provided and LPA requested for signed copy
10	to be returned.
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LIC9099 (FAS) - (06/04) Page: 2 of 3

**Control Number 27-AS-20200210114501**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

CCLD Regional Office,  
, CA

**FACILITY NAME:** MEADOW OAKS OF ROSEVILLE

**FACILITY NUMBER:** 317005900

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/15/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/25/2021 <b>Section Cited</b> CCR 87464(f)(1)	1 87464 Basic Services (f)(1)Care and 2 supervision as defined in Section 3 87101(c)(3) and Health and Safety 4 Code section 1569.2(c). This 5 requirement was not met as evidenced 6 by: 7	1 Resident no longer resides at facility. 2 Licensee agreed to conduct an in- 3 service training regarding basic 4 services and submit a self-certification 5 along with training materials and a 6 signed staff roster 7
	8 Based on observation, Licensee did not 9 provided house cleaning services for 1 10 of 1 residents which poses a potential 11 health and safety risk to client in care. 12 13 14	8 to LPA by POC date. 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

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