

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 317005900

Report Date: 03/20/2026

Date Signed: 03/20/2026 02:44:37 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 **12/15/2025** and conducted by Evaluator Graham Gunby

	<b>COMPLAINT CONTROL NUMBER: 59-AS-20251215091659</b>
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<b>FACILITY NAME:</b> MEADOW OAKS OF ROSEVILLE	<b>FACILITY NUMBER:</b> 317005900
<b>ADMINISTRATOR:</b> NATHAN CONDIE	<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> 03/20/2026
<b>MET WITH:</b> Executive Director - Sheri Kimbro	<b>UNANNOUNCED TIME BEGAN:</b> 11:00 AM
	<b>TIME COMPLETED:</b> 12:00 PM

### ALLEGATION(S):

1	Staff speaks inappropriately at residents
2	Staff do not respond to residents call buttons in timely manner
3	Staff are handling residents in a rough manner
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Graham Gunby arrived unannounced on 03/20/2026 to complete and deliver findings to a complaint received on 12/15/2025. LPA met with Executive Director, Sherri Kimbro and explained the purpose of the visit.
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5	Throughout the course of the investigation, the department conducted interviews and record reviews.
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7	Please continue to LIC9099C..
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<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Troy Ordonez  
**LICENSING EVALUATOR NAME:** Graham Gunby  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/20/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/20/2026

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-20251215091659

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:** MEADOW OAKS OF ROSEVILLE

**FACILITY NUMBER:** 317005900

**VISIT DATE:** 03/20/2026

### NARRATIVE

1 **Staff speaks inappropriately at residents**

2

3 Based on interviews with staff and residents to conduct the investigation. LPA interviewed staff and Executive  
4 Director in which they stated they have not observed staff talking inappropriately to residents. LPA interviewed  
5 relevant party in which they stated current staff do not talk inappropriately to residents but in the past staff have  
6 spoken to residents in appropriately. Relevant party was unable to give names of staff or specific incidents. Due to  
7 the information gathered LPA finds allegation to be UNFOUNDED.

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10 **Staff do not respond to residents call buttons in timely manner**

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12 Complaint alleges that Staff are not answering residents' call buttons in a timely manner. Based on an observation  
13 of facility records, LPA could not prove or disprove the allegation. On 12/18/2025 LPA reviewed call button logs  
14 and observed staff are responding to call buttons within a timely manner. In addition, LPA conducted interviews  
15 and learned of no concerns as it relates to answering of the call bells in a timely manner. LPA could not corroborate  
16 the allegation, therefore the LPA finds allegation to be UNFOUNDED

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18 **Staff are handling residents in a rough manner**

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20 Based on interviews that was conducted with residents, residents stated that they did not witness staff handling  
21 residents in rough manner and they were satisfied with staff's care at the facility. Staff interviewed stated that they  
22 have not observe other staff being rough with residents in any manner. Staff interviews indicated that staff treat all  
23 residents with respect and dignity and work at facility in a professional manner. Furthermore, department did not  
24 observe any kind of bruising, body marks or any other injury related to staff being rough with residents in facility's  
25 records and documentation. Based on gathered information, this allegation was found to be UNFOUNDED.

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27 A finding that the allegations are Unfounded means that the allegations are false, could not have happened, and/or  
28 is without a reasonable basis. Exit interview conducted. A copy of this report has been provided to facility.

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**SUPERVISORS NAME:** Troy Ordonez  
**LICENSING EVALUATOR NAME:** Graham Gunby  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/20/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/20/2026

LIC9099 (FAS) - (06/04)

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