

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 317005900
Report Date: 06/30/2026
Date Signed: 06/30/2026 04:04:50 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 03/13/2026 and conducted by Evaluator Graham Gunby

	COMPLAINT CONTROL NUMBER: 59-AS-20260313122216
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FACILITY NAME: MEADOW OAKS OF ROSEVILLE	FACILITY NUMBER: 317005900
ADMINISTRATOR: NATHAN CONDIE	FACILITY TYPE: 740
ADDRESS: 930 OAK RIDGE RD	TELEPHONE: (916) 774-0200
CITY: ROSEVILLE	ZIP CODE: 95661
CAPACITY: 108	DATE: 06/30/2026
	UNANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Executive Director - Sheri Kimbro	TIME COMPLETED: 12:00 PM

ALLEGATION(S):

1	Resident is being charged for services not provided
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Graham Gunby arrived on 06/30/2026 to deliver findings to a complaint
2	the department received on 03/13/2026. LPA met with Executive Director, Sheri Kimbro, and explained
3	the purpose of this visit.
4	During the investigative process The Department conducted document review, interviewed staff and
5	relevant parties. R1 provided the facility with a 30-day termination notice on 01/01/2026, moving out on
6	01/31/2026. R1's account was charged \$3,600 on 02/01/2026. The facility returned the Feburary charge
7	on 03/14/2026.
8	Even though R1's account was charged, services were not provided and a refund was given to the
9	resident.
10	Although the allegations may have happened or are valid, there is not a preponderance of evidence to
11	prove that the alleged violations occurred, and the findings are UNSUBSTANTIATED.
12	No deficiencies cited. Exit interview conducted and a copy of the report was provided to Executive
13	Director Sheri Kimbro.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Ordonez	
LICENSING EVALUATOR NAME: Graham Gunby	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/30/2026