

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342700012

Report Date: 03/20/2026

Date Signed: 03/20/2026 06:45:38 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 **01/13/2026** and conducted by Evaluator Cassie Yang

	COMPLAINT CONTROL NUMBER: 59-AS-20260113121743
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FACILITY NAME: TWIN RIVERS AT NATOMAS	FACILITY NUMBER: 342700012
ADMINISTRATOR: SITA VADAREVU	FACILITY TYPE: 740
ADDRESS: 421 SAN JUAN ROAD	TELEPHONE: (916) 216-3058
CITY: SACRAMENTO	ZIP CODE: 95834
CAPACITY: 48	DATE: 03/20/2026
MET WITH: Rosa Lesui	UNANNOUNCED TIME BEGAN: 06:30 PM
	TIME COMPLETED: 06:50 PM

ALLEGATION(S):

1	Staff member engaged in inappropriate activity with resident in care.
2	Staff mismanage residents' medications.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Cassie Yang arrived at the facility to deliver the findings for the
2	allegations cited above. LPA met with Assistant Administrator and explained the purpose of the visit.
3	For allegation of Staff member engaged in inappropriate activity with resident in care, based on interview
4	conducted with resident (R1) it revealed that R1 did text staff (S1) outside of work hours but it was not
5	sexual. R1 then deleted most of the text messages as advised by S1. R1 was adamant the relationship
6	was platonic. Based on the text messages LPA observed from R1's phone, it revealed that S1 was
7	texting R1 good night along with emojis.
8	For allegation of Staff mismanage residents' medications, based on interviews conducted with medication
9	technicians, it revealed that part of the policy is to confirm that residents consumed the medication before
10	leaving the room. Interview with MT1 and MT3 revealed there was times where residents did not have
11	enough water where they had to leave the room to retrieve water pitcher from the medication cart.
12	Although the allegations may have happened or are valid, there is not a preponderance of evidence to
13	prove that the alleged violations occurred, and the findings are UNSUBSTANTIATED. Exit interview.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Anthony Perez

LICENSING EVALUATOR NAME: Cassie Yang

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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