

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 342700077  
Report Date: 09/24/2024  
Date Signed: 09/24/2024 02:22:52 PM

## Substantiated

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 **09/18/2024** and conducted by Evaluator Sabrina Calzada

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 59-AS-20240918100019</b>
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<b>FACILITY NAME:</b> COURTE AT CITRUS HEIGHTS, THE	<b>FACILITY NUMBER:</b> 342700077
<b>ADMINISTRATOR:</b> KYLIE WHITAKER	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 6825 SUNRISE BLVD	<b>TELEPHONE:</b> (916) 721-0644
<b>CITY:</b> CITRUS HEIGHTS	<b>STATE:</b> CA <b>ZIP CODE:</b> 95610
<b>CAPACITY:</b> 48	<b>CENSUS:</b> 41 <b>DATE:</b> 09/24/2024
<b>MET WITH:</b> Kylie Whitaker, Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 01:10 PM
	<b>TIME COMPLETED:</b> 02:25 PM

### ALLEGATION(S):

1	Licensee did not provide responsible party with refund.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sabrina Calzada arrived unannounced to open a 10-day complaint investigation. LPA met with Kylie Whitaker, Administrator, Jasmine Juchniewicz, Health and Services Director, and Julia Wihl, Business Office Manager. LPA stated the reason for today's inspection.
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3	
4	
5	During today's inspection, LPA discussed the allegation with facility managers, confirmed the date of resident's (R1's) passing and when resident's belongings were removed from their room, and the total amount of the refund owed by the facility to (R1's) responsible person. All information provided by the facility was in agreement with the information received in the complaint report. LPA reviewed multiple email correspondences between the responsible person and facility staff, in July, August and September 2024, showing various attempts to resolve this matter.
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12	The results of the investigation are as follows:
13	cont on 9099C-1..

**NAME OF LICENSING PROGRAM MANAGER:** Maribeth Senty  
**NAME OF LICENSING PROGRAM ANALYST:** Sabrina Calzada  
**LICENSING PROGRAM ANALYST SIGNATURE:** **DATE:** 09/24/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 09/24/2024

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** 59-AS-20240918100019

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<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	

**FACILITY NAME:** COURTE AT CITRUS HEIGHTS, THE **FACILITY NUMBER:** 342700077  
**VISIT DATE:** 09/24/2024

**NARRATIVE**

1 9099C-1.. The Administrator stated there was a change in the accounting firm the facility uses around  
2 May 2024 and showed LPA an email, dated 9/6/24, from the current accountant that a refund check  
3 would be sent overnight to (R1's) responsible person. A follow up email was sent to the same  
4 accountant on 9/12/24 regarding the refund due and it was the Administrator's understanding that the  
5 matter was resolved around 9/12/24 as she did not hear back from the responsible person and  
6 communication who always communicated well.  
7  
8 The Administrator stated she spoke to several corporate staff yesterday, 9/23/24, and showed LPA her  
9 phone contacts made. The Administrator followed up today, by phone, in LPA's presence with a  
10 corporate staff member who reached out to the accounting department.  
11  
12 Resident (R1) passed on 7/20/24 and their belongings were removed from their resident room on  
13 7/25/24. A refund is due for pre-paid rent from 7/26/24- 7/31/24, or for (6) days in the month of July  
14 2024.  
15  
16 It was confirmed that a check was issued this morning, on 9/24/24, and sent out by overnight mail to the  
17 responsible person. The check should be received tomorrow, 9/25/24, since the check was mailed from  
18 out of state.  
19  
20  
21 **Based on information obtained during the investigation, LPA finds the allegation to be**  
22 **SUBSTANTIATED- A finding that the complaint is Substantiated means that the allegation is valid**  
23 **because the preponderance of the evidence standard has been met.**  
24  
25  
26 **Per California Code of Regulations, Title 22, Division 6, Chapter 8, the following (1) deficiency is**  
27 **issued on the 9099-D page.**  
28  
29 Exit interview. Copy of report and appeal rights provided to the Administrator.  
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**NAME OF LICENSING PROGRAM MANAGER:** Maribeth Senty  
**NAME OF LICENSING PROGRAM ANALYST:** Sabrina Calzada  
**LICENSING PROGRAM ANALYST SIGNATURE:** **DATE:** 09/24/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 09/24/2024

**COMPLAINT INVESTIGATION REPORT  
 (Cont)**

**FACILITY NAME:** COURTE AT CITRUS HEIGHTS, THE  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 342700077  
**VISIT DATE:** 09/24/2024

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/08/2024 Section Cited HSC 1569.652(c)	1 §1569.652 Termination of admission 2 agreement upon death of resident; 3 removal of resident's property; refund of 4 fees paid; notice of contract termination 5 and refunds. (c) A refund of any fees 6 paid in advance covering the time after 7 the resident's personal property has been removed from the facility shall be issued to the individual, individuals, or entity contractually responsible for the fees or, if the deceased resident paid the fees, to the resident's estate, within 15 days after the personal property is removed. This requirement is not met as evidenced by:	1 Licensee//Administrator confirmed that a refund check was issued by overnight mail, on 9/24/24, to be received by (R1's) responsible person on 9/25/24. 2 3 Licensee/Administrator also agree to 4 conduct some research to confirm if 5 there are any outstanding refunds due 6 at this time to other responsible 7 persons.
	8 Based on documentation reviewed and 9 interviews conducted, the Licensee did 10 not ensure that a refund was issued to 11 resident (R1's) responsible person, 12 within (15) days of (R1's) belongings 13 being removed from their room. The 14 refund was due by 8/9/24, or within (15) days from 7/25/24.	8 Documentation that an audit has been 9 completed for any refunds potentially 10 still due to be provided to CCLD by 11 10/8/24. Administrator to agree to 12 review any potential outstanding 13 refunds due from the last 12 months. 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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Maribeth Senty <b>NAME OF LICENSING PROGRAM ANALYST:</b> Sabrina Calzada <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>		<b>DATE:</b> 09/24/2024
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>		
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>		<b>DATE:</b> 09/24/2024