

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342700472
Report Date: 06/07/2021
Date Signed: 06/07/2021 11:54:20 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 520 COHASSET RD., STE. 170 CHICO, CA 95926
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/31/2020** and conducted by Evaluator Donna Gurriere

	COMPLAINT CONTROL NUMBER: 27-AS-20201231110109
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FACILITY NAME: VILLAS AT STANFORD RANCH, THE	FACILITY NUMBER: 342700472
ADMINISTRATOR: TYNES, GRAYSON	FACILITY TYPE: 740
ADDRESS: 1430 W STANFORD RANCH RD	TELEPHONE: (916) 741-7050
CITY: ROCKLIN	STATE: CA
CAPACITY: 150	ZIP CODE: 95765
	CENSUS: 77
MET WITH: GRAYSON TYNES, ADMINISTRATOR	DATE: 06/07/2021
	UNANNOUNCED TIME BEGAN: 11:45 AM
	TIME COMPLETED: 12:00 PM

ALLEGATION(S):

1	Facility staff are not meeting the needs of a resident.
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INVESTIGATION FINDINGS:

1	Donna Gurriere, Licensing Program Analyst (LPA) was in contact with Grayson Tynes, Administrator. It
2	was alleged that the Facility staff are not meeting the needs of a resident.
3	An investigation was conducted and the administrator, three staff persons, and three residents were
4	interviewed. Documents that were obtained included the resident's Physician's Report, Admission
5	Agreement, Preplacement Appraisal, Narrative Charting Notes and a Medications List.
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7	During the interview process, it was reported that staff persons provided care and supervision to include
8	bathing, redirection, getting dressed, activities, grooming, toileting, meals, and medications. It was
9	reported that the resident's wife assisted at times with the needs of her husband; however, overall, the
10	care providers reported that they completed the majority of the care and supervision tasks.
11	Although the allegations may have happened or is valid, there is not a preponderance of the evidence to
12	prove that the alleged violation occurred, and the findings are Unsubstantiated.
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Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Rayna L Bryson

NAME OF LICENSING PROGRAM ANALYST: Donna Gurriere

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/07/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/07/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.