

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 342700525  
Report Date: 04/22/2025  
Date Signed: 04/22/2025 11:20:02 AM

**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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/10/2025** and conducted by Evaluator Talwinder Bains

	<b>COMPLAINT CONTROL NUMBER: 59-AS-20250410161623</b>
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<b>FACILITY NAME:</b> ALMOND HEIGHTS	<b>FACILITY NUMBER:</b> 342700525
<b>ADMINISTRATOR:</b> MACDONALD, STEPHEN	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 8685 GREENBACK LN	<b>TELEPHONE:</b> (916) 542-7988
<b>CITY:</b> ORANGEVALE	<b>STATE:</b> CA <b>ZIP CODE:</b> 95662
<b>CAPACITY:</b> 145	<b>CENSUS:</b> 104 <b>DATE:</b> 04/22/2025
<b>MET WITH:</b> Administrator Stephen Macdonald	<b>UNANNOUNCED TIME BEGAN:</b> 10:55 AM
	<b>TIME COMPLETED:</b> 11:30 AM

**ALLEGATION(S):**

1	Resident sustained an injury while in care.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Talwinder Bains arrived at the facility unannounced on 04/22/25 to
2	deliver complaint findings for above allegation. LPA met with administrator Stephen Macdonald and
3	explained the purpose of the visit.
4	
5	Allegation- Resident sustained an injury while in care. - Unsubstantiated
6	The department conducted record review, interviewed residents and staff to investigate this allegation.
7	Record review indicated that R1 sustained a foot injury on 04/09/25 around 1pm when R1 was sitting in
8	the common area and table lamp fell on their foot causing a cut on their foot. Staff immediately offered
9	help to R1 and sent them to hospital to get medical care. R1 returned the same day after getting the
10	necessary treatment. Four staff interviewed reflected that this incident was accidental, and staff offered
11	appropriate help to R1. It has been evaluated that even though R1 got injury, but it was not due to lack
12	and care from staff. Based on gathered information, this allegation was found to be Unsubstantiated.
13	
	A finding that the complaint allegations is UNSUBSTANTIATED means that although the allegations may

have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violations occurred. Exit meeting conducted. A copy of this report has been provided to facility.

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Laura Munoz  
**NAME OF LICENSING PROGRAM ANALYST:** Talwinder Bains  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/22/2025

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 4

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

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**COMPLAINT CONTROL NUMBER:** 59-AS-20250410161623

**FACILITY NAME:** ALMOND HEIGHTS

**FACILITY NUMBER:** 342700525

**ADMINISTRATOR:** MACDONALD, STEPHEN

**FACILITY TYPE:** 740

**ADDRESS:** 8685 GREENBACK LN

**TELEPHONE:** (916) 542-7988

**CITY:** ORANGEVALE

**STATE:** CA

**ZIP CODE:** 95662

**CAPACITY:** 145

**CENSUS:** 104

**DATE:** 04/22/2025

**UNANNOUNCED**

**TIME BEGAN:** 10:55 AM

**MET WITH:** Administrator Stephen Macdonald

**TIME**

**COMPLETED:** 11:30 AM

#### ALLEGATION(S):

- 1 Staff are not ensuring that resident is properly fed.
- 2 Staff left resident in dirty clothing for a long period of time.
- 3 Staff did not pick resident up from the hospital in a timely manner.
- 4 Staff did not clean resident's room.
- 5 Staff are over medicating a resident in care.
- 6 Staff did not safeguard resident's personal belongings.
- 7
- 8
- 9

#### INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst (LPA) Talwinder Bains arrived at the facility unannounced on 04/22/25 to
- 2 deliver complaint findings for above allegations. LPA met with administrator Stephen Macdonald and
- 3 explained the purpose of the visit.
- 4
- 5 The department conducted records review ,facility observations and interviews to investigate the
- 6 complaint.
- 7
- 8
- 9
- 10 **\*\*Report continued on LIC9099-C\*\***
- 11
- 12
- 13

**Unfounded**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Laura Munoz  
**NAME OF LICENSING PROGRAM ANALYST:** Talwinder Bains  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/22/2025

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FACILITY REPRESENTATIVE SIGNATURE: DATE: 04/22/2025

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Control Number 59-AS-20250410161623

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: ALMOND HEIGHTS FACILITY NUMBER: 342700525 VISIT DATE: 04/22/2025

NARRATIVE

1 \*\*\*Report continued from 9099-A...
2
3 Allegation- Staff are not ensuring that resident is properly fed.-Unfounded
4
5 The department conducted facility observations, interviews with four residents and four staff to
6 investigate this allegation. Staff interviews reflected that staff were assisting residents who require
7 assistance with their meals and there were no issues. Residents' interviews indicated that staff were
8 assisting them with their dietary needs and there were no concerns. During department visit on
9 04/15/25, it was noted that staff were attentive to residents who require help with their meals and there
10 were no concerns. Based on gathered information, this allegation was found to be Unfounded.
11
12 Allegation- Staff left resident in dirty clothing for a long period of time.-Unfounded
13
14 The department conducted facility observations, interviews with four residents and four staff to
15 investigate this allegation. Staff interviews reflected that staff were changing residents' clothes daily and
16 as needed, not leaving residents in dirty clothes and there were no issues to address. Residents'
17 interviews indicated that staff were assisting them with their care needs and there were no concerns.
18 During department visit on 04/15/25, it was noted that residents were well groomed and in good care
19 and there were no concerns. Based on gathered information, this allegation was found to be Unfounded.
20
21 Allegation- Staff did not pick resident up from the hospital in a timely manner. - Unfounded
22
23 The department conducted interviews with four staff to investigate this allegation. Staff interviews
24 reflected that facility was not arranging any transportation services for any residents once they were
25 ready to return to facility after ER or hospital visit, and it is arranged by ER/Hospital staff. Record review
26 for resident R1 did not indicate any incident, where staff did not pick R1 from hospital in timely manner.
27 Based on this information, this allegation was found to be Unfounded.
28
29 Allegation- Staff did not clean resident's room. -Unfounded
30
31 The department conducted facility observations, interviews with four residents and four staff to
32 investigate this allegation. Staff interviews reflected that staff were providing laundry and housekeeping
service as agreed in residents' admission agreements and there were no issues to address. Residents'
interviews indicated that staff were assisting them with laundry and housekeeping tasks in timely
manner and there were no concerns. During department visit on 04/15/25, it was noted that facility was
clean and odor free and there were no concerns. Based on gathered information, this allegation was
found to be Unfounded.
\*\*\*report continued.....

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz
NAME OF LICENSING PROGRAM ANALYST: Talwinder Bains
LICENSING PROGRAM ANALYST SIGNATURE: DATE: 04/22/2025

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FACILITY REPRESENTATIVE SIGNATURE: DATE: 04/22/2025

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: ALMOND HEIGHTS

FACILITY NUMBER: 342700525

VISIT DATE: 04/22/2025

**NARRATIVE**

1 \*\*\*Report continued from 9099-A...

2

3 **Allegation- Staff are over medicating a resident in care. -Unfounded**

4

5 The department conducted record review, interviewed residents and staff to investigate this allegation.  
6 Four residents' interviews indicated that staff were giving them medications per their physician's orders.  
7 Four staff interviews reflected that staff were following resident's physician's orders and not  
8 mismanaging residents' medications. Record review for R1s medications indicated that staff were  
9 administering R1s medications per their physician's orders and there were no issues identified. Based  
10 on gathered information, this allegation was found to be Unfounded.

11

12 **Allegation- Staff did not safeguard resident's personal belongings. -Unfounded**

13

14 The department conducted interviews with four residents and four staff to investigate this allegation.  
15 Staff interviews reflected that staff were safeguarding residents' belongings per facility protocol and  
16 there were no issues to address. Residents' interviews indicated that staff were safeguarding their  
17 personal items, assisting them to locate any missing items as needed, and there were no concerns.  
18 During department visit on 04/15/25, it was noted all personal belongings for R1 was labeled and  
19 secured in R1s room. Based on gathered information, this allegation was found to be Unfounded.

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22 A finding that the allegations are **Unfounded** means that the allegations are false, could not have  
23 happened, and/or is without a reasonable basis.

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25 Exit interview conducted. A copy of this report has been provided to facility.

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NAME OF LICENSING PROGRAM ANALYST: Talwinder Bains

LICENSING PROGRAM ANALYST SIGNATURE:

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