

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342700525
Report Date: 07/28/2026
Date Signed: 07/28/2026 01:42:59 PM

Unfounded

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 **07/24/2026** and conducted by Evaluator Talwinder Bains

	COMPLAINT CONTROL NUMBER: 59-AS-20260724082611
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FACILITY NAME:	ALMOND HEIGHTS	FACILITY NUMBER:	342700525
ADMINISTRATOR:	PECK, DANIELLE	FACILITY TYPE:	740
ADDRESS:	8685 GREENBACK LN	TELEPHONE:	(916) 542-7988
CITY:	ORANGEVALE	ZIP CODE:	95662
CAPACITY:	145	DATE:	07/28/2026
		UNANNOUNCED TIME BEGAN:	12:15 PM
MET WITH:	Lori Spencer, Regional Director Of Sales & Operations	TIME COMPLETED:	02:00 PM

ALLEGATION(S):

1	Staff do not ensure the facility is kept free of scabies due to neglect.
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INVESTIGATION FINDINGS:

1	On 7/28/26, Licensing Program Analyst (LPA) Talwinder Bains arrived at the facility unannounced to do
2	complaint investigation into the allegations listed above and met with Lori Spencer, Regional Director Of
3	Sales & Operations.
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5	LPA investigated the allegation of " Staff do not ensure the facility is kept free of scabies due to neglect ".
6	LPA reviewed resident and facility records , conducted facility tour and interviewed 3 staff regarding the
7	outbreak. LPA interviewed administrator in which they stated there has not been a scabies outbreak
8	within the facility. Staff interviews indicated that there were cases of scabies in the past months but they
9	were cleared and there are no cases of scabies for any staff or residents at the facility at this time. LPA
10	conducted facility tour during today's visit and did not observe any issues with this matter.
11	
12	Based on interviews conducted, a review of staff and resident records, and the documentation that
13	residents were examined and there was no diagnosis of scabies at the facility, this allegation is UNFOUNDED, meaning the allegation was false, could not have happened and/or is without a reasonable basis.

An exit interview was conducted and a copy of this report was provided.	
Unfounded	Estimated Days of Completion:
SUPERVISORS NAME: Laura Munoz LICENSING EVALUATOR NAME: Talwinder Bains LICENSING EVALUATOR SIGNATURE: DATE: 07/28/2026	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 07/28/2026