

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 342700579  
Report Date: 02/25/2026  
Date Signed: 02/25/2026 11:39:32 AM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH 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 **02/18/2026** and conducted by Evaluator Cynthia Tamayo

	<b>COMPLAINT CONTROL NUMBER: 27-AS-20260218141723</b>
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<b>FACILITY NAME:</b> CHATEAU AT RIVER'S EDGE, THE	<b>FACILITY NUMBER:</b> 342700579
<b>ADMINISTRATOR:</b> MARIANNE R RICHARDSON	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 641 FEATURE DR	<b>TELEPHONE:</b> (916) 921-1970
<b>CITY:</b> SACRAMENTO	<b>ZIP CODE:</b> 95825
<b>CAPACITY:</b> 143	<b>DATE:</b> 02/25/2026
<b>MET WITH:</b> Justine Ortiz	<b>UNANNOUNCED TIME BEGAN:</b> 09:20 AM
	<b>TIME COMPLETED:</b> 11:18 AM

**ALLEGATION(S):**

1	Facility elevator is in disrepair
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**INVESTIGATION FINDINGS:**

1	On 2/25/26, Licensing Program Analyst (LPA) Cynthia Tamayo arrived unannounced to open and
2	complete a complaint investigation for the allegation noted above. LPA met with Executive Director,
3	Justine Ortiz (S1) and explained the purpose of the visit. LPA requested a copy of facility's elevator repair
4	invoices, service agreement, elevator permit. LPA also interviewed S1 and S2.
5	
6	On 2/18/26, the Department received an incident report from Executive Director, Justine Ortiz (S2),
7	reporting the elevator is down as of 2/13/26 and a plan is in place until the elevator is up and running
8	again. On 2/24/26, S1 contacted the Department to report the elevator parts have been ordered. On this
9	day, S1 stated an emergency technician came out on 2/14/26 and the elevator repair has been requested
10	and is pending maintenance once the parts that need replacement are received by "TK Elevator" company.
11	
12	CONTINUED ON 809-C
13	

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Czarrina A Camilon-Lee  
**LICENSING EVALUATOR NAME:** Cynthia Tamayo  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/25/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/25/2026

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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**Control Number** 27-AS-20260218141723

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100  
SACRAMENTO, CA 95827

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** CHATEAU AT RIVER'S EDGE, THE

**FACILITY NUMBER:** 342700579

**VISIT DATE:** 02/25/2026

### NARRATIVE

1 There building is three stories. There is one elevator in assisted living. Regional Maintenance, Jeff,  
2 confirmed the parts ordered are the elevator motor and pump. Maintenance Director, Tom Lowers (S4),  
3 stated elevator maintenance work is checked on a quarterly basis or as needed. On 2/25/26, LPA  
4 reviewed the copy of permit in elevator to see if it's current and set to expire 5/15/26. LPA reviewed  
5 elevator maintenance record in which the last inspection date was 12/4/25, 11/3/25, and 9/17/25. LPA  
6 observed 'evac chairs' in each stairwell in which staff is trained to use and new staff will be training on.  
7 LPA observed the elevator is taped off and sigs informing the elevator is out of order are posted.  
8

9 The plan in place states there is signs posted informing the elevator is "Out of Order" signs has been  
10 placed on the elevators, a notice has been sent to all residents regarding the outage, meals are being  
11 offered in residents' rooms for those who prefer not to go to the dining room, and care staff and Alpha  
12 One are assisting residents to and from the first floor as needed. On 2/25/26, LVN director of Assisted  
13 Living, Brittany Smith (S3), stated there are no non-ambulatory or bedridden residents residing on  
14 second floor and third floor. S1 and S2 stated programs and activities have been arranged on each floor  
15 to ensure continued engagement.  
16

17 Based on documents reviewed regarding elevator maintenance and LPA observation on The allegation  
18 "Facility elevator is in disrepair" is substantiated. The facility has ensured timely reporting, regular  
19 elevator maintenance, and there is a plan in place to ensure resident accommodation as repairs are  
20 undertaken. There are no deficiencies cited per California Code Regulation, TITLE 22.  
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22 Exit interview was conducted with S1. LIC 9102TV and a copy of this report was left at the facility.  
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**SUPERVISORS NAME:** Czarrina A Camilon-Lee  
**LICENSING EVALUATOR NAME:** Cynthia Tamayo  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/25/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/25/2026

LIC9099 (FAS) - (06/04)

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