

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 342700722  
Report Date: 03/13/2025  
Date Signed: 03/13/2025 02:56:38 PM

**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 **12/30/2024** and conducted by Evaluator Arvin Villanueva

	<b>COMPLAINT CONTROL NUMBER: 27-AS-20241230154603</b>
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<b>FACILITY NAME:</b> WELLQUEST OF ELK GROVE	<b>FACILITY NUMBER:</b> 342700722
<b>ADMINISTRATOR:</b> CUEVAS, ELANA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 8871 E STOCKTON BLVD	<b>TELEPHONE:</b> (916) 689-1000
<b>CITY:</b> ELK GROVE	<b>STATE:</b> CA <b>ZIP CODE:</b> 95624
<b>CAPACITY:</b> 170	<b>CENSUS:</b> 109 <b>DATE:</b> 03/13/2025
<b>MET WITH:</b> Elena Cuevas	<b>UNANNOUNCED TIME BEGAN:</b> 02:03 PM
	<b>TIME COMPLETED:</b> 03:15 PM

### ALLEGATION(S):

1	Staff are not providing basic food services for resident.
2	Facility is overcharging resident.
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4	
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9	

### INVESTIGATION FINDINGS:

1	On 3/13/2025, Licensing Program Analyst (LPA) Arvin Villanueva arrived at this facility unannounced to
2	conduct a follow up complaint visit and deliver findings regarding the allegations noted above. LPA met
3	with Elena Cuevas and stated the purpose of this visit.
4	
5	Allegation: Staff are not providing basic food services for resident.
6	An allegation has been made regarding facility staff not providing basic food services to Resident (R2).
7	The allegation was based specifically on the provision of three meals per day as required by their
8	agreement and applicable regulations. This investigation consisted of record reviews and interviews.
9	
10	Through review of R2's invoices from March 2021 and April 2021 revealed that on 3/11/2021, R2 was
11	charged \$12 for an additional meal. Similarly, for the statement date of 4/19/2021, R2 was charged \$72
12	for six resident meals on 4/1/2021. Per interview with administrator, it might have been guest meals.
13	{1 of 4}

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson

**NAME OF LICENSING PROGRAM ANALYST:** Arvin Villanueva

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/13/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/13/2025

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-20241230154603

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:** WELLQUEST OF ELK GROVE

**FACILITY NUMBER:** 342700722

**VISIT DATE:** 03/13/2025

### NARRATIVE

1 Review of R2's admission agreement stipulates that three nutritionally balanced meals are to be made  
2 available to residents as part of their monthly fee. The agreement includes language that specifies the  
3 provision of meals and snacks, as well as the accommodation of special diets if prescribed. The  
4 agreement does not clarify whether R2 is under the Independent Living or Assisted Living rate, but it  
5 does provide that residents in the Independent Living program are entitled to two meals per day, with a  
6 third available for an additional fee. However, review of R2's ledger revealed that R2 was paying rent for  
7 Assisted Living and not Independent Living. Further record review confirms that R2 was living in the  
8 assisted living building of the facility.  
9  
10 Review of the email correspondence between R2's responsible party (RP) and facility staff (S1) revealed  
11 that on 3/25/2021, RP questioned the charge for an additional meal on 3/11/2021. S1 stated that the  
12 charge was for the third meal as part of the Independent Living Program. RP clarified that R2 was in the  
13 Assisted Living Program due to an assistance with two activities of daily living (ADL). S1 then stated that  
14 R2 was being charged under the Independent Living rate which includes two meals per day and charges  
15 for the third meal.  
16  
17 Interview with current administrator, Elena Cuevas, revealed that R2 was paying the Independent Living  
18 rate when they lived at this facility. It was also noted during the visit on 1/7/2025 that the facility's  
19 admission agreement was updated and there were some changes, especially the verbiage under the  
20 meal section which states: " Residents paying the Independent Living rate have access to three (3)  
21 nutritionally balanced meals daily as well. Two meals are included with the core service fee and the third  
22 is available for an additional fee." This statement was added to the new admission agreement.  
23 Additional changes include Under Living Accommodations, the section Electronic Surveillance was  
24 added. It was not in the original admission agreement that was initially approved.  
25  
26 According to **California Code of Regulations, Title 22, Division 6, Chapter 8, Section 87555** under  
27 General Food Service Requirement, (b) The following food service requirements shall apply: (1) Where  
28 all food is provided by the facility arrangements shall be made so that each resident has available at  
29 least three meals per day. This regulation contradicts the facility's practice of charging for a third meal  
30 for resident living under Assisted Living (RCFE), where meals should be included in their basic services.  
31 Therefore, the preponderance of evidence has been met and the allegation that staff are not providing  
32 basic food services for resident is SUBSTANTIATED.

{2 of 4}

**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson

**NAME OF LICENSING PROGRAM ANALYST:** Arvin Villanueva

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/13/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/13/2025

**Control Number 27-AS-20241230154603**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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**FACILITY NAME:** WELLQUEST OF ELK GROVE

**FACILITY NUMBER:** 342700722

**VISIT DATE:** 03/13/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p><b>Allegation: Facility is overcharging resident.</b></p> <p>An allegation that facility is overcharging Resident R2 for food services, specifically regarding charges for additional meals beyond the core service fee. The investigation into the allegation was based on a review of R2's invoice, ledger, admission agreement, relevant regulations, and facility staff interviews.</p> <p>Review of invoice records revealed that R2 was a resident at the Assisted Living building of the facility. A review of R2's invoice reveals that on <b>3/11/2021</b>, R2 was charged an additional \$12 for a meal. Similarly, on <b>4/1/2021</b>, R2 was charged \$72 for six additional meals at a rate of \$12 each. R2's ledger, covering the period from <b>February 2021 to March 2023</b>, shows consistent monthly charges of \$3,200 for rent and \$280 for care services, which are associated with Assisted Living.</p> <p>Email correspondence between the <b>Responsible Party (RP)</b> and <b>S1</b>, a facility representative, further clarifies the overcharging issue. On <b>3/25/2021</b>, RP questioned the invoice for an additional \$12 meal on <b>3/11/2021</b>, arguing that R2 was entitled to three meals a day as per the contract. S1 initially explained that the charge was for the third meal, referencing the Independent Living rate, which includes only two meals, with a third meal available for an extra charge. However, RP responded that R2 was enrolled in the Assisted Living program, which should have included three meals per day. On <b>4/1/2021</b>, S1 confirmed that R2's base rent was charged at the Independent Living rate.</p> <p>Furthermore, in an interview with the <b>facility administrator</b>, it was revealed that some residents in the Assisted Living section are being charged under the Independent Living rate, meaning they only receive two meals per day, unless they opt to pay for a third meal.</p> <p>The <b>admission agreement</b> signed by R2 outlines the provision of three nutritionally balanced meals daily as part of the core service fee for Assisted Living residents, with additional meals available for a fee under the Independent Living rate. However, the agreement does not clearly specify whether R2 is classified under the Independent Living or Assisted Living rate. Despite this, the <b>California Code of Regulations, Title 22, Division 6, Chapter 8, Section 87464(f)(3)</b>, mandates that facilities provide a minimum of three meals per day. Therefore, this allegation is <b>SUBSTANTIATED</b>.</p> <p>A finding that the complaint allegation is Substantiated means that the allegation is valid because the preponderance of the evidence standard has been met.</p> <p>{3 of 4}</p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Stephen Richardson  <b>NAME OF LICENSING PROGRAM ANALYST:</b> Arvin Villanueva  <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> _____  <b>DATE:</b> 03/13/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p><b>FACILITY REPRESENTATIVE SIGNATURE:</b> _____  <b>DATE:</b> 03/13/2025</p>
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**FACILITY NAME:** WELLQUEST OF ELK GROVE

**FACILITY NUMBER:** 342700722

**VISIT DATE:** 03/13/2025

NARRATIVE
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1 California Code of Regulations (Title 22, Division 6, Chapter 8) are being cited on the attached LIC-  
 2 9099D. Failure to correct the deficiency may result in civil penalties.  
 3  
 4 Exit interview was conducted. **Administrator refused to sign this report due to not agreeing with**  
 5 **the findings. Per administrator, the same complaint was unsubstantiated on 8/25/2022.** Per  
 6 Administrator, they will be appealing this citation.  
 7  
 8 A copy of this report and appeal rights were provided.  
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**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson  
**NAME OF LICENSING PROGRAM ANALYST:** Arvin Villanueva  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 03/13/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 03/13/2025

**Citations on this Visit Report are Under Appeal!**

**Control Number 27-AS-20241230154603**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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**FACILITY NAME:** WELLQUEST OF ELK GROVE **FACILITY NUMBER:** 342700722  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 03/13/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<b>Under Appeal</b> Type B 03/20/2025 <b>Section Cited</b> CCR 87464(f)(3)	1 Basic Services (f) Basic services shall 2 at a minimum include: (3) Three 3 nutritionally well-balanced meals and 4 snacks made available daily, including 5 low salt or other modified diets 6 prescribed by a doctor as a medical 7 necessity, as specified in Section 87555, General Food Service Requirements.	1 Per discussion, Administrator stated they will appeal this citation. 2 3 4 5 6 7

	8 9 10 11 12 13 14	This requirement is not met as evidenced by: Based on interviews and record reviews, R2 was being charged for the third meal while living at this facility. This poses a potential risk to health, safety and personal risks to persons in care.	8 9 10 11 12 13 14	
<b>Under Appeal</b> Type B 03/20/2025 <b>Section Cited</b> CCR 87555(b)(1)	1 2 3 4 5 6 7	General Food Service Requirements: The following food service requirements shall apply: Where all food is provided by the facility arrangements shall be made so that each resident has available at least three meals per day.	1 2 3 4 5 6 7	Per discussion, Administrator stated they will appeal this citation.
	8 9 10 11 12 13 14	This requirement is not met as evidenced by: Based on interviews and record reviews, R2 was being charged for the third meal while living at this facility. This poses a potential risk to health, safety, and personal risks to persons in care.	8 9 10 11 12 13 14	

**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> Stephen Richardson	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Arvin Villanueva	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 03/13/2025
<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> 03/13/2025