

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342700835

Report Date: 02/05/2026

Date Signed: 02/05/2026 12:28:16 PM

Unsubstantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/30/2025** and conducted by Evaluator Pang Lee

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20251230132456
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FACILITY NAME: CITY CREEK ASSISTED LIVING	FACILITY NUMBER: 342700835
ADMINISTRATOR: CALEB SUMMERHAYS	FACILITY TYPE: 740
ADDRESS: 6254 66TH AVENUE	TELEPHONE: (916) 393-2324
CITY: SACRAMENTO	ZIP CODE: 95823
CAPACITY: 121	DATE: 02/05/2026
MET WITH: Katelyn Flores	UNANNOUNCED TIME BEGAN: 11:35 AM
	TIME COMPLETED: 12:46 PM

ALLEGATION(S):

1	Staff do not ensure resident's room is clean and sanitary
2	Facility is malodorous
3	Staff do not ensure resident is capable of operating oxygen equipment
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INVESTIGATION FINDINGS:

1	On 02/05/2026, Licensing Program Analyst (LPA) Pang Lee arrived unannounced to this facility to conduct a complaint visit. LPA met with Health Services Director (HSD) Katelyn Flores and explained the purpose of the visit. The purpose of this visit is to deliver complaint findings for the above allegations.
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4	The current census is 112.
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6	It was alleged that staff do not ensure resident's room is clean and sanitary and that the facility is malodorous. This investigation consisted of interviews with staff, residents, and the resident's responsible party (RP), as well as direct observations. LPA Lee interviewed seven of seven residents, all of whom reported no concerns regarding their rooms being unclean and unsanitary, and no concerns regarding malodorous conditions within the facility and stated that their rooms are clean daily. Additionally, Resident 1 (R1) stated that housekeeping staff clean R1's room daily and reported no concerns.
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12	CONTINUED LIC 9099-C
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Czarrina A Camilon-Lee
LICENSING EVALUATOR NAME: Pang Lee
LICENSING EVALUATOR SIGNATURE:

DATE: 02/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/05/2026

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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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: CITY CREEK ASSISTED LIVING

FACILITY NUMBER: 342700835

VISIT DATE: 02/05/2026

NARRATIVE

1 Interviews with facility staff indicated that housekeeping staff are assigned by resident hall and by shift.
2 Each hall (Hall 1, Hall 2, and Hall 3) has designated housekeeping coverage during the AM and day shift
3 and in addition to a janitor. R1's responsible party reported no concerns regarding R1's room being
4 unclean, unsanitary, or malodorous, and stated that R1 at times refuses housekeeping services. During
5 visits conducted on 01/06/2026 and 02/05/2026, LPA Lee toured the facility, including multiple resident
6 rooms, and did not observe any rooms to be unclean, unsanitary, or malodorous. On both visits, LPA
7 Lee observed housekeepers assigned to each resident hall cleaning throughout the facility. During both
8 visits, Room 317, occupied by R1, was observed to be clean and free of malodor. LPA Lee observed two
9 plastic cups and tissues on the resident's chair. It was learned that R1 prefers that the plastic cups and
10 tissues not be discarded when housekeeping offers to remove them. Based on interviews and
11 observations conducted during the investigation, LPA Lee was unable to corroborate the allegations.

It was alleged that the staff do not ensure resident is capable of operating oxygen equipment.

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14 This investigation consisted of interviews with staff, the residents, the resident's responsible party, direct
15 observations, and a review of records. Based on interviews with facility staff, it was reported that the
16 resident is capable of operating their oxygen and CPAP machines. Resident 1 (R1) stated that they
17 know how to operate their oxygen and CPAP machines and reported no concerns regarding the
18 allegation. R1's responsible party also reported no concerns and stated that R1 is able to operate the
19 oxygen and CPAP machines; however, they reported that R1 at times refuses to use the equipment and
20 described R1 as "non-compliant." On 01/06/2026, with Health Services Director (HSD) Flores present,
21 R1 demonstrated the use of their oxygen and CPAP machines. R1 independently demonstrated turning
22 the machines on and off and properly placing the oxygen tubing in their nose. Based on R1's Individual
23 Service Plan, R1 is capable of properly using the CPAP machine but at times declines due to low
24 motivation. R1 also receives oxygen treatment, which is self-managed; however, R1 can occasionally be
25 non-compliant with physician orders. Based on interviews and observations conducted during the
26 investigation, LPA Lee was unable to corroborate the allegation.

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28 The investigation revealed the preponderance of evidence standards have not been met; therefore, the
29 above allegations are found to be UNSUBSTANTIATED. A finding that the complaint allegations are
30 UNSUBSTANTIATED means that although the allegations may have happened or are valid, there is not
31 a preponderance of the evidence to prove that the alleged violation(s) occurred.
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SUPERVISORS NAME: Czarrina A Camilon-Lee
LICENSING EVALUATOR NAME: Pang Lee
LICENSING EVALUATOR SIGNATURE:

DATE: 02/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/05/2026

LIC9099 (FAS) - (06/04)

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