

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342700886
Report Date: 09/16/2024
Date Signed: 09/16/2024 04:17:48 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 **08/19/2024** and conducted by Evaluator Christina Valerio

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20240819163942
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FACILITY NAME: GARDENS AT LAGUNA SPRINGS MEMORY CARE, THE	FACILITY NUMBER: 342700886
ADMINISTRATOR: RAMIREZ, GUADALUPE	FACILITY TYPE: 740
ADDRESS: 9750 LAGUNA SPRINGS DRIVE	TELEPHONE: (916) 667-3167
CITY: ELK GROVE	STATE: CA ZIP CODE: 95757
CAPACITY: 70	CENSUS: 39 DATE: 09/16/2024
MET WITH: Guadalupe Ramirez	UNANNOUNCED TIME BEGAN: 02:59 PM
	TIME COMPLETED: 04:30 PM

ALLEGATION(S):

1	Staff does not ensure that resident's room is free from pests.
2	
3	
4	
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9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christina Valerio arrived unannounced to conduct a complaint
2	investigation and to deliver findings. LPA Valerio met with Administrator Guadalupe Ramirez, and
3	explained the purpose of the visit.
4	
5	The investigation consisted of observations of the facility, records review of facility files, and interviews
6	with the Reporting Party, residents, and staff.
7	
8	According to the RP, the RP visits regularly and states the facility has an ant issue. R1 has a cat and the
9	ants are attracted to the cat food. The RP was visiting R1 one day and decided to go check on the room,
10	which is when RP found ants all over the bed. RP reported that the facility attempted to address the
11	issue; however, the RP is concerned that ants were on the bed and staff did not noticed.
12	
13	Continues on LIC 9099 - C...

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson

NAME OF LICENSING PROGRAM ANALYST: Christina Valerio

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/16/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/16/2024

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: GARDENS AT LAGUNA SPRINGS
MEMORY CARE, THE

FACILITY NUMBER: 342700886

VISIT DATE: 09/16/2024

NARRATIVE

1 ...Continued from LIC 9099
2 On 08/23/2024, the Local Ombudsman conducted an announced visit to the facility. It was reported that
3 when they visited, the room was spotless and free from pest. On 08/26/2024, LPA Valerio observed the
4 facility and R1's bedroom. LPA inspected common areas, hallways, dining tables, and activity area. LPA
5 inspected R1's bed, pillow, corners of the bedroom, around the cat food, and in the bathroom area.
6 Pests were not observed during the visit. LPA took pictures for future reference.
7
8 On 08/26/2024, LPA Valerio reviewed the video submitted to the Regional Office. The video captures a
9 pillow on a Resident 1 (R1) bed. The pillow is covered with black ants, small to medium sized ants.
10 There are some that are dead on the pillow and some that are crawling on the pillow along with a few on
11 the bed sheets.
12
13 LPA Valerio attempted to interview the resident in care. However, due to communication barriers, the
14 interview was unsuccessful. Residents did not appear to be in distress and were being supervised by
15 staff members.
16
17 LPA Valerio interview Staff 1 (S1). S1 reported that "they do have ants; however, staff do a good job
18 about cleaning up after the residents. This place is in the middle of a field, so I assume this was the ant's
19 home before we got here... There is not a time where we do not try to address the issue." According to
20 an interview with Staff 2 (S2), S2 stated that they have had pest control services come every month, but
21 they have also increased their services within the last month. S2 provided invoices from June, July,
22 August, and September. S2 stated that they comes and check all the rooms and outside of the facility.
23 They put the sprays and everything. Staff do constant check of the rooms and when it is known there
24 are pest, they say it on their walkie talkie. They assess to see if the resident has any on them, if they are
25 in the room. They shower them, check for any food, and clean the room.
26
27 According to Pest Control Invoices, the facility has a monthly pest service. On 05/29/24, 06/18/24,
28 08/09/24, pest control services provided normal service in addition to treats for the ant issue.
29
30
31 Due to the above noted information, although the allegation may have happened or is valid, there is not
32 a preponderance of evidence to prove the alleged violation(s) did or did not occur, and therefore the
allegations are unsubstantiated. Per California Code of Regulations (CCR) - Title 22, Division 6, Chapter
8, no deficiencies cited. Exit interview was held and a copy of report was left at the facility.

NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson

NAME OF LICENSING PROGRAM ANALYST: Christina Valerio

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/16/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/16/2024