

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342701013
Report Date: 07/30/2026
Date Signed: 07/30/2026 02:35:39 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 02/11/2026 and conducted by Evaluator Pang Lee

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260211151258
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FACILITY NAME:	ABUNDANT PEACE	FACILITY NUMBER:	342701013
ADMINISTRATOR:	FILIPE WAQA NAIKASO	FACILITY TYPE:	740
ADDRESS:	19 SYNTHIA COURT	TELEPHONE:	(916) 856-6464
CITY:	SACRAMENTO	ZIP CODE:	95823
CAPACITY:	6	DATE:	07/30/2026
		UNANNOUNCED TIME BEGAN:	01:30 PM
MET WITH:	Filipe Waqanaikaso	TIME COMPLETED:	02:48 PM

ALLEGATION(S):

1	The facility allowed excluded individuals to work in the facility.
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INVESTIGATION FINDINGS:

1	On 07/30/2026, Licensing Program Analyst (LPA) Pang Lee conducted an unannounced visit to the
2	facility. LPA Lee met with Filipe Waqanaikaso and explained the purpose of the visit. The purpose of the
3	visit was to deliver the findings related to the allegations above. At the time of the visit, the facility census
4	was 6.
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6	It was alleged that the facility allowed excluded individuals to work at the facility. The investigation
7	consisted of interviews with the Administrator Filipe Waqanaikaso and facility residents. During an
8	interview, Administrator Waqanaikaso acknowledged that Excluded Individual 1 (E1) had been present at
9	the facility approximately December and or January of 2025. The Administrator stated that E1 comes into
10	the facility with another individual who Administrator was not familiar with and that E1 and the individuals
11	would go through the resident's file. Administrator Waqanaikaso also acknowledged that E2 comes to the
12	facility to talk to E1 and then would leave the facility.
13	CONTINUED LIC 9099-C

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Arielle Pascua LICENSING EVALUATOR NAME: Pang Lee LICENSING EVALUATOR SIGNATURE:		DATE: 07/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 07/30/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 5
Control Number 27-AS-20260211151258

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: ABUNDANT PEACE	FACILITY NUMBER: 342701013
	VISIT DATE: 07/30/2026

NARRATIVE	
1	Administrator stated they were unaware that E1 and E2 were excluded from being in the facility.
2	Moreover, three out of six residents interviewed reported seeing both E1 and E2 at the facility. Based on
3	interviews conducted during the investigation, sufficient evidence was obtained to support the allegation
4	that excluded individuals were permitted to be present in the facility. This was observed not in
5	compliance with Title 22 regulation 87777(a) Exclusions as the facility did not ensure an excluded
6	individual was not permitted to be present in the facility.
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9	As a result, this allegation is SUBSTANTIATED. The finding that the complaint is substantiated means
10	that the allegations are valid because the preponderance of the evidence standard has been met.
11	Deficiencies cited on the LIC 9099-D, per Title 22 Regulations. An exit interview was conducted, and a
12	copy of the LIC 9099, LIC 9099-D pages and appeal rights were provided to facility. An immediate civil
13	penalty of \$500 was assessed during today's visit.
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SUPERVISORS NAME: Arielle Pascua LICENSING EVALUATOR NAME: Pang Lee LICENSING EVALUATOR SIGNATURE:		DATE: 07/30/2026
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FACILITY REPRESENTATIVE SIGNATURE:		DATE: 07/30/2026

LIC9099 (FAS) - (06/04) Page: 2 of 5
Control Number 27-AS-20260211151258

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE
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**COMPLAINT INVESTIGATION REPORT
(Cont)**

ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: ABUNDANT PEACE

FACILITY NUMBER: 342701013

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/30/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 08/07/2026 Section Cited CCR 87777(a)	1	87777(a) Exclusions	1	Effective immediately, all excluded
	2	The Department may prohibit an	2	individuals are prohibited from entering
	3	individual from serving as a board of	3	or being present at the licensed facility.
	4	directors, executive director, or officer;	4	The Administrator stated that they will
	5	being employed or allowed in a	5	ensure no excluded individual is
	6	licensed facility as specified in Health	6	permitted to work, provide services,
	7	and Safety Code Sections 1569.58 and	7	visit, or
		1569.59.		
		This requirement was not met as		
		evidenced by:		
	8	The facility did not ensure excluded	8	otherwise be present at the facility or
	9	individuals (E1) and (E2) were	9	have any contact with residents or staff.
	10	prohibited from being at a licensed	10	The Administrator will submit a written
	11	facility. (E1) and (E2) were observed at	11	plan to CCLD outlining the procedures
	12	the facility on multiple occasions.	12	that will be implemented to ensure
	13		13	excluded individuals are not allowed to
	14		14	work, provide services, interact with
				residents or staff, or enter the facility in
				the future. An immediate civil penalty in
				the amount of \$500 was assessed
				during today's visit
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Arielle Pascua

LICENSING EVALUATOR NAME: Pang Lee

LICENSING EVALUATOR SIGNATURE:

DATE: 07/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/30/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/11/2026** and conducted by Evaluator Pang Lee

COMPLAINT CONTROL NUMBER: 27-AS-20260211151258

FACILITY NAME: ABUNDANT PEACE

ADMINISTRATOR: FILIPE WAQA NAIKASO

ADDRESS: 19 SYNTHIA COURT

CITY: SACRAMENTO

CAPACITY: 6

MET WITH: Filipe Waqanaikaso

STATE: CA

CENSUS: 5

UNANNOUNCED

FACILITY NUMBER: 342701013

FACILITY TYPE: 740

TELEPHONE: (916) 856-6464

ZIP CODE: 95823

DATE: 07/30/2026

TIME BEGAN: 01:30 PM

TIME COMPLETED: 02:48 PM

ALLEGATION(S):

1	Staff are forging resident documents.
2	The Administrator is not present at the facility for a sufficient amount of time.
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INVESTIGATION FINDINGS:

1	On 07/30/2026, Licensing Program Analyst (LPA) Pang Lee conducted an unannounced visit to the
2	facility. LPA Lee met with Administrator Filipe Waqanaikaso and explained the purpose of the visit. The
3	purpose of the visit was to deliver the findings related to the allegations above. At the time of the visit, the
4	facility census was 6.
5	
6	It was alleged that staff were forging resident documents. The investigation included interviews with
7	facility staff, residents, as well as a review of records. During interviews with Administrator Filipe
8	Waqanaikaso who denied that residents LIC 602 Physician's report are forged. Per Administrator
9	Waqanaikaso they take the residents LIC 602 Physician's report with the residents to the resident's
10	primary care provider to have the report complete and filed out and update if needed and that depending
11	on the PCP it is either completed during the visit, or it can be faxed over to the facility.
12	
13	CONTINUED LIC 9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Arielle Pascua

LICENSING EVALUATOR NAME: Pang Lee

LICENSING EVALUATOR SIGNATURE:

DATE: 07/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/30/2026

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LIC9099 (FAS) - (06/04)

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Control Number 27-AS-20260211151258

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION

SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100

SACRAMENTO, CA 95827

FACILITY NAME: ABUNDANT PEACE

FACILITY NUMBER: 342701013

VISIT DATE: 07/30/2026

NARRATIVE	
1	In interviews with six out of six residents in care, all who stated that either the facility, family members or
2	themselves take them to the clinic for their appointments and that the facility calls EMS if needed. On
3	02/17/2026, LPA Lee conducted a visit to the facility and collected LIC 602 Physician's Reports for six
4	residents. Based on the records reviewed, all Physician's Reports contained physician signatures and
5	were filled out and complete. On 03/18/2026, LPA Lee contacted the Licensed Medical Professionals
6	who had completed the residents' LIC 602 Physician's Reports; however, they were unable to provide
7	information or verify whether the records were forged or falsified. Based on the information obtained,
8	there is insufficient evidence to substantiate the allegation that the facility is forging resident documents.
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10	It was alleged that the Administrator is not present at the facility for a sufficient amount of time. This
11	investigation consisted of interviews with facility staff, residents, a review of facility records, and
12	

13 observations. Based on interview the Administrator denied the allegation and stated that their work
14 schedule is consistent with the facility's LIC 500, Personnel Report. Additionally, interviews with six of six
15 residents identified Administrator Filipe as the person in charge of the facility and stated that they're at
16 the facility "everyday" and "all week." A review of the facility's LIC 500 Personnel Report states that the
17 Administrator is scheduled to work Saturday, Sunday and Monday from 9:00 a.m. to 5:00 p.m. The
18 Department has conducted two facility visits since the change in Administrator on 10/29/2025 and during
19 those two facility visit the Administrator was present. Based on interviews, records reviewed, and the
20 Department's observations, there is insufficient evidence to support the allegation that the Facility
21 Administrator is not present at the facility for a sufficient amount of time.
22
23 The investigation revealed the preponderance of evidence standards have not been met; therefore, the
24 above allegations are found to be UNSUBSTANTIATED. A finding that the complaint allegations are
25 UNSUBSTANTIATED means that although the allegations may have happened or are valid, there is not
26 a preponderance of the evidence to prove that the alleged violation(s) occurred.
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SUPERVISORS NAME: Arielle Pascua	
LICENSING EVALUATOR NAME: Pang Lee	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/30/2026