

# Department of SOCIAL SERVICES

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

Facility Number: 342701040

Report Date: 01/09/2026

Date Signed: 01/09/2026 05:12:41 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 **07/24/2025** and conducted by Evaluator Sommer Hayes

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 27-AS-20250724114324</b>
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<b>FACILITY NAME:</b> BRUCEVILLE POINT	<b>FACILITY NUMBER:</b> 342701040
<b>ADMINISTRATOR:</b> HOSTETTER, ERIC	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 9730 BACKER RANCH ROAD	<b>TELEPHONE:</b> (916) 226-5300
<b>CITY:</b> ELK GROVE	<b>ZIP CODE:</b> 95757
<b>CAPACITY:</b> 200	<b>DATE:</b> 01/09/2026
<b>MET WITH:</b> Marianne Richardson	<b>UNANNOUNCED TIME BEGAN:</b> 02:00 PM
	<b>TIME COMPLETED:</b> 05:15 PM

**ALLEGATION(S):**

1	Facility staff did not dispense medications as prescribed
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Sommer Hayes and Licensing Program Manager (LPM) Stephen
2	Richardson arrived at the facility to complete a complaint investigation regarding the allegation noted
3	above. LPA and LPM met with Marianne Richardson, Executive Director and stated the purpose of this
4	visit.
5	
6	LPA and LPM arrived to complete a complaint investigation for an allegation that facility staff failed to
7	dispense medications as prescribed to former resident, Resident 1 (R1). The Reporting Party 1 (RP1)
8	alleged that after the facility assumed responsibility for not administering R1's medication Levothyroxine
9	for one week, there were ongoing issues with medication availability, timeliness, and staff competency.
10	RP1 reported difficulty obtaining PRN medications, concerns about staff responsiveness, and stated that
11	R1's laboratory values related to the missed medication, Levothyroxine became significantly elevated
12	during the period of facility medication management.
13	Continued on 9099C

<b>Substantiated</b>	<b>Estimated Days of Completion: 90</b>
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**SUPERVISORS NAME:** Stephen Richardson  
**LICENSING EVALUATOR NAME:** Sommer Hayes  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/09/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/09/2026

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-20250724114324**

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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:** BRUCEVILLE POINT

**FACILITY NUMBER:** 342701040

**VISIT DATE:** 01/09/2026

### NARRATIVE

1 LPA Hayes reviewed the facility's Medication Administration Records (MAR) for March 2025 for R1. R1  
2 was prescribed Levothyroxine SOD 0.175 MG, 1 tablet (175 MG) to be given daily at 5:00 AM. In a  
3 phone interview on 1/8/2026, with Executive Director (ED), Marianne Richardson, ED confirmed this  
4 medication was not given to the R1 on 3/11/2025, due to a medication delivery issue with Omnicare. On  
5 1/9/2026, LPM Richardson reviewed a proof of medication delivery statement from Omnicare which  
6 indicates that Levothyroxine was shipped out on 3/10/2025 but was not delivered to the facility until  
7 3/11/2025 at 1:47 PM. Due to the delay in delivering the medication timely to the facility, it caused R1 to  
8 not receive their dose of Levothyroxine on 3/11/2025 on time. LPA Hayes also reviewed the Medication  
9 Administration Records (MAR) for R1, dated 3/2025, and confirmed that the medication was marked as  
10 a missed medication.  
11  
12 LPA Hayes interviewed multiple residents residing at the facility regarding their experiences with  
13 medication administration. Three of three residents who participated in the medication management  
14 program reported receiving their medications as scheduled and did not report missed, delayed, or  
15 incorrect medication administration.  
16  
17 Community Director (DW1) reported that the facility uses an electronic medication administration  
18 system. They stated that medications are administered according to physician orders, that medication  
19 orders must be entered into the electronic system prior to administration, and that any gaps in  
20 medication are reported to the residents' physician and family.  
21  
22 Based on the review of records, interviews, and facility statements, the investigation determined that R1  
23 did not receive Levothyroxine medication as prescribed on March 11, 2025.  
24  
25 The preponderance of evidence standard has been met; therefore, the above allegations are found to  
26 be **SUBSTANTIATED**.  
27  
28 This facility is being cited per Title 22 CCR Section 87465 (a)(4) being cited on the attached LIC 9099D.  
29 An exit interview, appeal rights and a copy of this report were left with Marianne Richardson, Executive  
30 Director.  
31  
32

**SUPERVISORS NAME:** Stephen Richardson  
**LICENSING EVALUATOR NAME:** Sommer Hayes  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/09/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/09/2026

LIC9099 (FAS) - (06/04)

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**Control Number 27-AS-20250724114324**

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
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SACRAMENTO SOUTH ASC, 9835 GOETHE

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

ROAD, SUITE 100  
SACRAMENTO, CA 95827

**FACILITY NAME:** BRUCEVILLE POINT

**FACILITY NUMBER:** 342701040

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 01/09/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/10/2026 Section Cited CCR 87465(a)(4)	1 87465 Incidental Medical and Dental 2 Care 3 4 (a) A plan for incidental medical and 5 dental care shall be developed by each 6 facility. The plan shall encourage 7 routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following: (4) The licensee shall assist residents with self-administered medications as needed. This requirement was not met as evidenced by:	1 Executive Director Marianne 2 Richardson agrees to 3 We will review our medication delivery 4 process to ensure timely delivery. 5 Retraining with Medication Techs with 6 the fillings of prescriptions. 7 Email sent to sommer.hayes@dss.ca.gov and stephen.richardson@dss.ca.gov
	8 Based on interviews and resident 9 records facility staff did not dispense 10 medications as prescribed which poses 11 an immediate health, safety, and/or 12 personal rights risk. 13 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

**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>SUPERVISORS NAME:</b> Stephen Richardson <b>LICENSING EVALUATOR NAME:</b> Sommer Hayes <b>LICENSING EVALUATOR SIGNATURE:</b>		<b>DATE:</b> 01/09/2026
<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> 01/09/2026