

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342701069
Report Date: 11/13/2025
Date Signed: 11/13/2025 02:54:30 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 **07/14/2025** and conducted by Evaluator Vincent Moleski

PUBLIC		COMPLAINT CONTROL NUMBER: 27-AS-20250714090127	
FACILITY NAME: JAZBA CARE TUOLUMNE		FACILITY NUMBER:	342701069
ADMINISTRATOR: SANGEETHA VIPULANANDA		FACILITY TYPE:	740
ADDRESS: 9031 TUOLUMNE DRIVE		TELEPHONE:	(562) 506-8473
CITY: SACRAMENTO	STATE: CA	ZIP CODE:	95826
CAPACITY: 6	CENSUS: 6	DATE:	11/13/2025
	UNANNOUNCED	TIME BEGAN:	02:15 PM
MET WITH: Brittany McCoy		TIME COMPLETED:	03:00 PM

ALLEGATION(S):

1	Resident sustained a fracture while in care due to staff neglect
2	Staff did not seek medical attention for resident in a timely manner
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Vincent Moleski arrived unannounced to deliver findings on this
2	complaint investigation. LPA Moleski met with senior house manager Brittany McCoy and explained the
3	purpose of the visit.
4	
5	The Community Care Licensing Division (CCLD) received an incident report on 7/11/25 regarding a
6	resident's (R1's) unwitnessed fall. According to the report, R1 fell on 7/9/25 around 6:20 a.m., but was
7	not complaining of pain, and did not present any apparent injuries upon inspection. R1 was sent to the
8	emergency room on 7/10/25 around 4:45 p.m. after they began to complain of pain to a family member,
9	according the report. Medical records obtained by CCLD indicated that R1 was diagnosed with a fracture
10	of their pubic bone.
11	
12	[continued on 9099-C]
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Stephen Richardson	
LICENSING EVALUATOR NAME: Vincent Moleski	
LICENSING EVALUATOR SIGNATURE:	DATE: 11/13/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/13/2025

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 2
Control Number 27-AS-20250714090127

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: JAZBA CARE TUOLUMNE	FACILITY NUMBER: 342701069
	VISIT DATE: 11/13/2025

NARRATIVE	
1	In an interview, R1's responsible party (R1's RP) said that facility administrator Sangeetha Vipulananda
2	called them after R1 fell on 7/9/25, and was told that R1 was fine and not complaining of pain. R1's RP
3	said they spoke with R1 over the phone the next day, 7/10/25, and R1 began complaining of pain. R1's
4	RP requested staff to have R1 sent to the hospital on 7/10/25.
5	
6	In an interview, a staff member on duty at the time of R1's fall (S1) said that they observed another
7	resident (R2) enter into R1's room on the morning of 7/9/25. When S1 redirected R2 from R1's room, S1
8	observed R1 on the floor near their bed. According to S1, R1 said that they became scared when R2
9	entered their room, and fell out of bed as a result. S1 said they assisted R1 up and conducted a body
10	check, but observed no obvious signs of injury. S1 provided CCLD with a photograph taken of R1's
11	back, which appeared grossly unremarkable. According to S1, R1 did not complain of pain throughout
12	7/9/25 and 7/10/25. A second staff member on duty at the time did not appear for a scheduled interview
13	with CCLD.
14	
15	In an interview, R1 was able to recall their fall. "I was asleep and rolled out of bed," R1 said. R1 did not
16	remember being in pain after their fall. Medical records obtained by CCLD indicate that R1 told first
17	responders who arrived at the facility on 7/10/25 that they did not initially experience pain after their fall,
18	but they were experiencing pain when trying to move their leg on 7/10/25. R2 was not able to recall R1's
19	fall and did not have pertinent information to share with CCLD.
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21	The department has determined the following as it relates to the allegations that a resident sustained a
22	fracture while in care due to staff neglect, and that staff did not seek medical attention for a resident in a
23	timely manner:
24	
25	Based on interviews and record review, the above allegations are UNSUBSTANTIATED, which means
26	that although the allegations may have happened or are valid, there is not a preponderance of the
27	evidence to prove that the alleged violations occurred.
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29	No deficiencies were cited regarding the above allegations. An exit interview was held and a copy of this
30	report was left with McCoy.
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LICENSING EVALUATOR NAME: Vincent Moleski	
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