

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342701107
Report Date: 03/11/2025
Date Signed: 03/11/2025 03:43:13 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 **11/12/2024** and conducted by Evaluator Arvin Villanueva

	COMPLAINT CONTROL NUMBER: 27-AS-20241112131122
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FACILITY NAME: REGENCY PLACE	FACILITY NUMBER: 342701107
ADMINISTRATOR: DAMION E. ANDERSON	FACILITY TYPE: 740
ADDRESS: 8190 ARROYO VISTA DRIVE	TELEPHONE: (916) 681-7800
CITY: SACRAMENTO	STATE: CA ZIP CODE: 95823
CAPACITY: 61	CENSUS: 52 DATE: 03/11/2025
MET WITH: Damion Anderson	UNANNOUNCED TIME BEGAN: 09:50 AM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Facility staff are aggressive towards residents in care.
2	Facility is not adequately staffed to meet the needs of residents in care.
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INVESTIGATION FINDINGS:

1	On 3/11/2025, Licensing Program Analyst (LPA) Arvin Villanueva arrived unannounced to conduct a follow up complaint visit regarding the allegations noted above. LPA met with Damion Anderson, Executive Director/Administrator, and stated the purpose of this visit.
2	
3	
4	
5	Allegation: Facility staff are aggressive towards residents in care.
6	The investigation into this allegation included interviews with staff and an Ombudsman, as well as direct observations during facility visits.
7	
8	
9	Interviews with staff members (S5-S9) revealed that none of them had observed any instances of staff being aggressive towards residents in care. S5 provided additional insight, noting that some residents, particularly in the Memory Care area, have hearing deficiencies and may not wear their hearing aids. As a result, staff sometimes raise their voices to ensure that these residents can hear them.
10	
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12	
13	{1 of 3}

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson

NAME OF LICENSING PROGRAM ANALYST: Arvin Villanueva

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/11/2025

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-20241112131122

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: REGENCY PLACE

FACILITY NUMBER: 342701107

VISIT DATE: 03/11/2025

NARRATIVE

1 While this behavior could be perceived as aggression, it is actually an attempt to facilitate
2 communication with the residents who struggle to hear. Furthermore, S5 recounted an incident involving
3 a former staff member, who reported witnessing another staff member (S2), tapping on a table in an
4 effort to gain the attention of a resident. S5's investigation confirmed that S5's action was intended to
5 call the resident to the table for a meal, not to display aggression. S5 emphasized that this behavior was
6 not aggressive in nature but rather a means of communication with a resident who had hearing issues.

7
8 In addition, S7 acknowledged that staff sometimes raise their voices when interacting with residents who
9 are combative or aggressive towards them. However, S7 clarified that this is done as a response to the
10 resident's behavior and is not intended to be malicious. The goal is to de-escalate the situation and
11 ensure safety for both the resident and staff.

12
13 An interview with the Ombudsman, who conducted an observation at the facility on 11/14/24, further
14 supported the absence of aggression in staff interactions with residents. The Ombudsman reported no
15 observed instances of staff being aggressive towards residents during their visit.

16 Finally, observations conducted by this LPA during facility visits on 11/14/24, 12/17/24, and 3/11/25 did
17 not observe aggressive behavior by staff towards residents was noted.

18
19 Based on the gathered evidence from interviews and observations, there is no substantiated claim of
20 staff aggression towards residents in care. Reports suggest that behaviors that may be perceived as
21 aggressive were, in fact, attempts to communicate with residents or respond to challenging behaviors,
22 with no intent to harm or intimidate. Therefore, this allegation was UNSUBSTANTIATED.

23
24
25 An unsubstantiated finding means although the allegation may have happened or is valid, there is not a
26 preponderance of evidence to prove the alleged violation did or did not occur.

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29
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31
32 {2 of 3}

NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson

NAME OF LICENSING PROGRAM ANALYST: Arvin Villanueva

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/11/2025

LIC9099 (FAS) - (06/04)

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Control Number 27-AS-20241112131122

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: REGENCY PLACE

FACILITY NUMBER: 342701107

VISIT DATE: 03/11/2025

NARRATIVE

1 **Allegation: Facility is not adequately staff to meet the needs of residents in care.**
2
3 The investigation into this allegation included interviews with staff members and a review of staffing
4 records for October and November 2024.
5
6 Interviews with staff members (S5-S9) collectively revealed that the facility is sufficiently staffed and that
7 there are no significant staffing issues. The staff reported that, in the event of staff call-outs, supervisors
8 are typically available to step in and assist with caregiving duties when necessary.
9
10 Additionally, they confirmed that there are two care staff members assigned to the Memory Care unit
11 during both the AM and PM shifts, as well as two care staff members in the Assisted Living area for each
12 of those shifts. For the NOC shift, there is one care staff member assigned to both the Memory Care
13 and Assisted Living units. Each shift also includes one med tech who covers both the Memory Care and
14 Assisted Living areas.
15
16 S5 further explained that, in addition to the caregiving staff, other team members such as kitchen and
17 housekeeping staff provide additional support to ensure the well-being of residents. Furthermore, the
18 Memory Care Coordinator is available to cover the mid-shift, offering further assistance and oversight.
19
20 A review of the staffing schedules for October and November 2024 confirmed the information provided
21 by staff. The schedules show that the staffing levels meet the reported staffing assignments, with two
22 care staff in both Memory Care and Assisted Living for the AM and PM shifts, one care staff for the NOC
23 shift in each area, and one med tech per shift covering both units.
24
25 Based on the evidence gathered through interviews and record review, this allegation is
26 UNSUBSTANTIATED. Note: an unsubstantiated finding means although the allegation may have
27 happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did
28 not occur.
29
30 Exit interview was conducted and a copy of this report and appeal rights were provided.
31
32 {3 of 3}

NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson

NAME OF LICENSING PROGRAM ANALYST: Arvin Villanueva

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/11/2025

LIC9099 (FAS) - (06/04)

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COMPLAINT INVESTIGATION REPORTThis is an official report of an unannounced visit/investigation of a complaint received in our office on
11/12/2024 and conducted by Evaluator Arvin VillanuevaCOMPLAINT CONTROL NUMBER: 27-AS-
20241112131122

FACILITY NAME: REGENCY PLACE

FACILITY
NUMBER: 342701107ADMINISTRATOR: DAMION E. ANDERSON
ADDRESS: 8190 ARROYO VISTA DRIVE
CITY: SACRAMENTOFACILITY TYPE: 740
TELEPHONE: (916) 681-7800
ZIP CODE: 95823

STATE: CA

CAPACITY: 61

CENSUS: 52 DATE: 03/11/2025

MET WITH: Damion Anderson

UNANNOUNCED TIME BEGAN: 09:50 AM

TIME

COMPLETED: 04:00 PM

ALLEGATION(S):

1	Facility staff are not receiving adequate training.
2	Facility staff do not follow safety practices of the facility.
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INVESTIGATION FINDINGS:

1	On 3/11/2025, Licensing Program Analyst (LPA) Arvin Villanueva arrived unannounced to conduct a
2	follow up complaint visit regarding the allegations noted above. LPA met with Damion Anderson,
3	Executive Director/Administrator, and stated the purpose of this visit.
4	
5	Allegation: Facility staff are not receiving adequate training.
6	The investigation into this allegation involved interviews with staff members and a review of staff training
7	records.
8	
9	Interviews with staff members (S5-S9) revealed that staff receive ongoing training through the Relias
10	platform, with training sessions conducted at least once a month. Additionally, staff members reported
11	participation in in-service training and meetings.
12	
13	{1 of 2}

Unfounded	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson	
NAME OF LICENSING PROGRAM ANALYST: Arvin Villanueva	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/11/2025
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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-2024112131122

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMPLAINT INVESTIGATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100
	SACRAMENTO, CA 95827

FACILITY NAME: REGENCY PLACE

FACILITY NUMBER: 342701107

VISIT DATE: 03/11/2025

NARRATIVE

1	A review of the training records for staff members (S1-S5) confirmed that they are consistently receiving
2	monthly training through the Relias platform. Specifically, S1's training records included a range of relevant
3	and comprehensive topics such as dementia-related education, first aid, medication management, infection
4	control, environmental cleaning, hospice care, cultural awareness, fire safety, abuse prevention, monitoring
5	changes in residents' conditions, and resident rights.
6	
7	For staff members S2 and S3, additional evidence of training was provided. S2's training in 2024 included
8	orientation sessions with various department directors. These included training on activity programs and the
9	memory care program with the Activity/Memory Director, meal services, special diets, kitchen sanitation, and
10	food storage with the Culinary Director, and assessment and care plan procedures, change in condition,
11	incident reporting, fall risk management, medication administration, and infection control with the Resident
12	Care Coordinator. S2 also received orientation from the Maintenance Director on housekeeping services,
13	laundry, maintenance, emergency procedures, fire safety, and life safety, as well as training from the
14	Business Office Manager on abuse/neglect policies, workplace violence policies, job descriptions, and
15	resident safety. Finally, S2 received orientation from the Executive Director on job descriptions,

16 responsibilities, and resident rights.

17
18 Based on the interviews and record reviews, it is evident that staff members at the facility receive adequate
19 and ongoing training. Therefore, this allegation is UNFOUNDED.

20 *****

21
22 **Allegation: Facility staff do not follow safety practices of the facility.**

23
24 An investigation was conducted to determine whether facility staff are adhering to the safety practices of the
25 facility, particularly wearing the appropriate attire while on duty. This investigation included interviews,
26 observations, and a review of relevant records.

27
28 Interviews with the Ombudsman revealed that during their observation on 11/14/24, Ombudsman did not
29 observe any instances of staff failing to follow safety practices, including wearing inappropriate attire while
30 on duty. Additionally, interviews with staff members (S5-S9) confirmed that they are required to wear a
31 uniform provided by the facility, which includes a scrub top, black pants, and slip-resistant, closed-toed
32 shoes.

{2 of 3}

NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson
NAME OF LICENSING PROGRAM ANALYST: Arvin Villanueva
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 03/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/11/2025

Control Number 27-AS-2024112131122

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>COMPLAINT INVESTIGATION REPORT</p> <p>(Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827</p>
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FACILITY NAME: REGENCY PLACE

FACILITY NUMBER: 342701107

VISIT DATE: 03/11/2025

NARRATIVE

1 A review of the facility's Appearance and Grooming requirements for Personal Care Assistants further
2 supported these findings. The policy specifies that staff members must wear company-issued uniforms,
3 black pants (excluding jeans, scrubs with ties, or leggings), and appropriate black, closed-toed and
4 heeled shoes. This policy aligns with safety standards to ensure staff are properly attired to perform their
5 duties safely.

6
7 Additionally, a review of the company policy on slip-resistant footwear confirmed that the footwear
8 required meets or exceeds ASTM safety standards. These shoes are designed with outsoles that
9 provide traction on slippery floors and surfaces, further enhancing staff safety while performing their
10 duties.

11
12 Finally, during facility visits on 11/14/24, 12/17/24, and 3/11/25, the LPA conducted observations and did
13 not note any staff members wearing inappropriate attire or deviating from the facility's appearance and
14 grooming policy.

15
16 Based on the evidence gathered from interviews, observations, and record reviews, staff members were
17 observed adhering to the facility's uniform policy and safety requirements, and there were no violations
18 noted during the investigation. Therefore, the allegation that staff do not follow safety practices,
19 particularly not wearing appropriate attire is UNFOUNDED.

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21 A finding of unfounded means that the allegation is false, could not have happened, or is without a
22 reasonable basis.

23
24 Exit interview was conducted and a copy of this report was provided.

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26 {3 of 3}

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NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson
NAME OF LICENSING PROGRAM ANALYST: Arvin Villanueva
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 03/11/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/11/2025

LIC9099 (FAS) - (06/04)

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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
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COMPLAINT CONTROL NUMBER: 27-AS-20241112131122

FACILITY NAME: REGENCY PLACE	FACILITY NUMBER: 342701107
ADMINISTRATOR: DAMION E. ANDERSON	FACILITY TYPE: 740
ADDRESS: 8190 ARROYO VISTA DRIVE	TELEPHONE: (916) 681-7800
CITY: SACRAMENTO	STATE: CA ZIP CODE: 95823
CAPACITY: 61	CENSUS: 52 DATE: 03/11/2025
MET WITH: Damion Anderson	UNANNOUNCED TIME BEGAN: 09:50 AM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Facility staff do not update resident records.
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INVESTIGATION FINDINGS:

1	On 3/11/2025, Licensing Program Analyst (LPA) Arvin Villanueva arrived unannounced to conduct a
2	follow up complaint visit regarding the allegations noted above. LPA met with Damion Anderson,
3	Executive Director/Administrator, and stated the purpose of this visit.
4	
5	Allegation: Facility staff do not update resident records.
6	An investigation was conducted regarding the allegation that staff members at the facility do not update
7	resident records. The investigation into this allegation involved a review of records and interviews with
8	staff members and the Ombudsman.
9	
10	During an annual visit on 11/14/2024, the LPA cited the facility for not having an updated Physician's
11	Report on file for a resident with dementia. The last Physician's Report available for review was
12	completed on 7/21/2020, which indicates that the report had not been updated.
13	
	{1 of 2}

Substantiated	Estimated Days of Completion: _____
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NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson
NAME OF LICENSING PROGRAM ANALYST: Arvin Villanueva
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 03/11/2025

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LIC9099 (FAS) - (06/04)

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Control Number 27-AS-20241112131122

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: REGENCY PLACE

FACILITY NUMBER: 342701107

VISIT DATE: 03/11/2025

NARRATIVE

1 Additionally, the Ombudsman interviewed staff member S1, who revealed that staff had not updated
2 some residents' "Life Story Books", particularly for residents who have been at the facility for a longer
3 duration. These books are meant to provide essential personal and life history information to ensure
4 individualized care, but it appears they have not been regularly updated, especially for long-term
5 residents.
6

7 Based on the evidence gathered, it is substantiated that the facility has not been updating resident
8 records, including both physician reports and life history documentation. Therefore, this allegation is
9 SUBSTANTIATED.
10

11 Note that the facility has been cited during their annual visit on 11/17/24 and deficiencies has been
12 cleared.
13

14 Exit interview was conducted and a copy of this report was provided.
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{2 of 2}

NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson

NAME OF LICENSING PROGRAM ANALYST: Arvin Villanueva

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/11/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/11/2025