

Department of  
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342701178  
Report Date: 10/02/2025  
Date Signed: 10/02/2025 11:26:54 AM

Substantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/24/2025** and conducted by Evaluator Arielle Pascua

|        |                                                |
|--------|------------------------------------------------|
| PUBLIC | COMPLAINT CONTROL NUMBER: 27-AS-20250924124949 |
|--------|------------------------------------------------|

|                |                           |                         |                |
|----------------|---------------------------|-------------------------|----------------|
| FACILITY NAME: | ARVEAH'S CARE HOMES 4     | FACILITY NUMBER:        | 342701178      |
| ADMINISTRATOR: | MARTINEZ-DAVIS, ROSA-LEAH | FACILITY TYPE:          | 740            |
| ADDRESS:       | 10620 OAK POND LANE       | TELEPHONE:              | (530) 662-6055 |
| CITY:          | ELK GROVE                 | ZIP CODE:               | 95624          |
| CAPACITY:      | 4                         | DATE:                   | 10/02/2025     |
|                | STATE: CA                 | UNANNOUNCED TIME BEGAN: | 09:00 AM       |
| MET WITH:      | Leah Martinez-Davis       | TIME COMPLETED:         | 12:00 PM       |

ALLEGATION(S):

|   |                                                      |
|---|------------------------------------------------------|
| 1 | Licensee is not following proper eviction procedures |
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INVESTIGATION FINDINGS:

|    |                                                                                                               |
|----|---------------------------------------------------------------------------------------------------------------|
| 1  | On 10/02/2025, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to         |
| 2  | conduct a complaint visit. LPA met with Facility Designated Administrator (FDA), Leah Martinez-Davis          |
| 3  | and explained the purpose of the visit. There was two other staff members present, Jen Lausa and              |
| 4  | Wendy Martinez. Shortly after, Arvin Davis arrived.                                                           |
| 5  | The purpose of this visit was to inform the facility and its representative that a complaint has been filed   |
| 6  | against it at this time.                                                                                      |
| 7  | Current Census was 2. Brief interview with FDA Davis was conducted.                                           |
| 8  | Allegation: Licensee is not following proper eviction procedures                                              |
| 9  | It was alleged that the Licensee did not follow proper eviction procedures. Based on interviews               |
| 10 | conducted, it was learned that Resident 1 (R1) was admitted to the hospital due to a medical need.            |
| 11 | During R1's hospitalization, the facility determined that R1 required a higher level of care and              |
| 12 | subsequently informed both the hospital and the resident that R1 would not be allowed to return to the        |
| 13 | facility. Upon further discussion, facility staff acknowledged that a proper eviction notice was not provided |
|    | to the resident, as required. Based on the information gathered, the licensee did not follow proper           |
|    | eviction procedures.                                                                                          |

SUPERVISORS NAME: Lisa Rios

LICENSING EVALUATOR NAME: Arielle Pascua

LICENSING EVALUATOR SIGNATURE:

DATE: 10/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/02/2025

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 5

Control Number 27-AS-20250924124949

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: ARVEAH'S CARE HOMES 4

FACILITY NUMBER: 342701178

VISIT DATE: 10/02/2025

NARRATIVE

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As a result of this investigation, this LPA found the allegations to be SUBSTANTIATED - A finding that the complaint was Substantiated meant that the allegation was valid because the preponderance of the evidence standard had been met.

The following deficiencies were cited on the following LIC 9099-D pursuant to Title 22 Rules and Regulations, Division 6 and Health and Safety Codes.

Exit Interview was conducted and a copy of this report was provided to the facility at the end of this visit.

SUPERVISORS NAME: Lisa Rios

LICENSING EVALUATOR NAME: Arielle Pascua

LICENSING EVALUATOR SIGNATURE:

DATE: 10/02/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/02/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 5

Control Number 27-AS-20250924124949

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: ARVEAH'S CARE HOMES 4  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 342701178  
VISIT DATE: 10/02/2025

| Deficiency Type<br>POC Due Date /<br>Section Number      | DEFICIENCIES                                                                                                                                                                                                                                                                                         | PLAN OF CORRECTIONS(POCs)                                                                                                                                                                                           |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type A<br>10/03/2025<br>Section Cited<br>CCR<br>87224(a) | 1 87224 Eviction Procedures<br>2 (a) The licensee may evict a resident<br>3 for one or more of the reasons listed in<br>4 Section 87224(a)(1) through (5). Thirty<br>5 (30) days written notice to the resident<br>6 is required except as otherwise<br>7 specified in paragraph (5)                 | 1 Licensee shall provide a 30-day notice<br>2 to the resident in care. A copy of this<br>3 30-day notice shall be provided to the<br>4 LPA by POC date.<br>5 A statement acknowledgement by the<br>6 POC date.<br>7 |
|                                                          | 8 This is not met as evidenced by: Based<br>9 on interview and record review, the<br>10 licensee did not ensure that R1 and<br>11 their responsible party was provided a<br>12 proper eviction notice. This is a<br>13 immediate health, safety, and personal<br>14 rights risks to persons in care. | 8<br>9<br>10<br>11<br>12<br>13<br>14                                                                                                                                                                                |
|                                                          | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                                                                      | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                     |
|                                                          | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                                                                      | 1<br>2<br>3<br>4<br>5<br>6<br>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.

SUPERVISORS NAME: Lisa Rios  
LICENSING EVALUATOR NAME: Arielle Pascua  
LICENSING EVALUATOR SIGNATURE: DATE: 10/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 10/02/2025

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/24/2025** and conducted by Evaluator Arielle Pascua

PUBLIC

COMPLAINT CONTROL NUMBER: 27-AS-20250924124949

FACILITY NAME: ARVEAH'S CARE HOMES 4

ADMINISTRATOR:MARTINEZ-DAVIS, ROSA-LEAH

ADDRESS: 10620 OAK POND LANE

CITY: ELK GROVE

CAPACITY: 4

FACILITY NUMBER: 342701178

FACILITY TYPE: 740

TELEPHONE: (530) 662-6055

ZIP CODE: 95624

DATE: 10/02/2025

UNANNOUNCEDTIME BEGAN: 09:00 AM

STATE: CA

CENSUS: 2

ALLEGATION(S):

|   |                          |
|---|--------------------------|
| 1 | Facility is not sanitary |
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INVESTIGATION FINDINGS:

|    |                                                                                                                |
|----|----------------------------------------------------------------------------------------------------------------|
| 1  | On 10/02/2025, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to          |
| 2  | conduct a complaint visit. LPA met with Facility Designated Administrator (FDA), Leah Martinez-Davis           |
| 3  | and explained the purpose of the visit. There was two other staff members present, Jen Lausa and               |
| 4  | Wendy Martinez.                                                                                                |
| 5  | The purpose of this visit was to inform the facility and its representative that a complaint has been filed    |
| 6  | against it at this time.                                                                                       |
| 7  | Current Census was 2. Brief interview with FDA Davis was conducted.                                            |
| 8  | Allegation: Facility is not sanitary                                                                           |
| 9  | It was alleged that the facility is not sanitary. LPA Pascua conducted a tour of the facility and did not find |
| 10 | that the facility was not cleaned at the time of the visit. Interviews conducted also reveal that the facility |
| 11 | staff consistently clean the facility throughout the day. Based on the observations and interviews made,       |
| 12 | there is insufficient evidence to prove that the facility is not sanitary.                                     |
| 13 | An exit interview was conducted and a copy of this report was provided to the facility at the end of this      |
|    | visit.                                                                                                         |

|                 |                               |
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| Unsubstantiated | Estimated Days of Completion: |
|-----------------|-------------------------------|

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|---------------------------------------------------------------------------------------------------------|------------------|
| SUPERVISORS NAME: Lisa Rios                                                                             |                  |
| LICENSING EVALUATOR NAME: Arielle Pascua                                                                |                  |
| LICENSING EVALUATOR SIGNATURE:                                                                          | DATE: 10/02/2025 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 10/02/2025 |

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
LIC9099 (FAS) - (06/04) Page: 4 of 5  
Control Number 27-AS-20250924124949

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| COMPLAINT INVESTIGATION REPORT (Cont)                  |                                                                                                                                                            |

FACILITY NAME: ARVEAH'S CARE HOMES 4 FACILITY NUMBER: 342701178  
VISIT DATE: 10/02/2025

|           |                                                                                                           |
|-----------|-----------------------------------------------------------------------------------------------------------|
| NARRATIVE |                                                                                                           |
| 1         | As a result of this investigation, this Department found the allegations to be UNSUBSTANTIATED. A         |
| 2         | complaint allegation finding of Unsubstantiated meant that although the allegations may have happened     |
| 3         | or was valid, there was not a preponderance of the evidence to prove that the alleged violation occurred. |
| 4         |                                                                                                           |
| 5         | There were no deficiencies observed or cited at this time.                                                |
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**SUPERVISORS NAME:** Lisa Rios

**LICENSING EVALUATOR NAME:** Arielle Pascua

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/02/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/02/2025