

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342701228
Report Date: 02/03/2026
Date Signed: 02/03/2026 02:53:22 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 01/02/2026 and conducted by Evaluator Shakaricka Hughes

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260102141541
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FACILITY NAME:	COMFORT LIVING ELDER CARE 3	FACILITY NUMBER:	342701228
ADMINISTRATOR:	SOUMAHORO, MARIAM G	FACILITY TYPE:	740
ADDRESS:	8765 INISHEER WAY	TELEPHONE:	(510) 409-7096
CITY:	SACRAMENTO	ZIP CODE:	95828
CAPACITY:	6	DATE:	02/03/2026
	STATE: CA	TIME BEGAN:	02:19 PM
	CENSUS: 5	TIME	03:00 PM
	UNANNOUNCED	COMPLETED:	
MET WITH:	Facility Staff: Lily Crawford		

ALLEGATION(S):

1	Staff do not meet resident's incontinence care needs.
2	Staff yell at resident.
3	Staff do not safeguard resident's confidential information.
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5	
6	
7	
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9	

INVESTIGATION FINDINGS:

1	On 2/3/2026 at 2:20 PM, Licensing Program Analyst (LPA) Shakaricka Hughes arrived unannounced to
2	this facility to conduct a complaint visit. LPA met with the facility staff Lily Crawford and explained the
3	purpose of the visit. The purpose of this visit is to deliver complaint findings for the allegations above.
4	The current census is 5.
5	
6	Allegation: Staff do not meet resident's incontinence care needs
7	It was alleged that staff do not meet resident's incontinent care needs. This investigation consisted of
8	interviews with facility staff and residents, and records review. On 01/07/2026 LPA Hughes conducted a
9	visit to the facility and spoke with 2 out of 3 facility staff. Interview with the facility administrator stated that
10	facility staff should be checking on residents in 15-minute intervals, stating that (2) residents in the facility
11	require assistance with grooming and dressing. Interview with facility staff (S2) stated that they primarily
12	assist resident (R1) with changing undergarments.
13	Continuation 9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Czarrina A Camilon-Lee	
LICENSING EVALUATOR NAME: Shakaricka Hughes	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/03/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/03/2026

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 2
Control Number 27-AS-20260102141541

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: COMFORT LIVING ELDER CARE 3	FACILITY NUMBER: 342701228
	VISIT DATE: 02/03/2026

NARRATIVE	
1	Interview with resident (R1) stated that facility staff do meet their incontinent care needs. Additional
2	interviews with 2 out of 3 residents did not express any concerns about facility staff not meeting their
3	grooming and care needs, as they do not require assistance from staff. LPA attempted interview with
4	resident (R4) but was unable as they have limited verbal capacity. LPA reviewed facility care charting
5	records for resident (R1), for the months of November 2025, December 2025, and January 2026 and
6	observed daily incontinent care changing for resident (R1) however the record did not specify times.
7	There is not enough evidence to corroborate this allegation, therefore the allegation is unsubstantiated.
8	
9	Allegation: Staff yell at resident
10	
11	It was alleged that staff yell at a resident in care. This investigation consisted of interviews with facility
12	staff, and residents in care. On 01/07/2026 LPA Hughes conducted a visit to the facility. LPA spoke with
13	2 out of 3 facility staff who denied allegations of ever yelling at residents in care. LPA spoke with 2 out of
14	3 residents who stated they have no concerns about facility staff yelling at them or have ever observed
15	staff yelling at other residents. Interview with resident (R1) reflected that staff do not yell at them. LPA
16	attempted to interview 2 additional residents in care but was unable as both residents have limited
17	English speaking capabilities. There is not enough information present to corroborate this allegation,
18	therefore the allegation is unsubstantiated.
19	
20	Allegation: Staff do not safeguard resident's confidential information
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22	It was alleged that staff do not safeguard resident's confidential information. This investigation consisted
23	of interviews with facility staff and residents in care. On 01/07/2026 LPA Hughes conducted a visit to the
24	facility. LPA spoke with 2 out of 3 facility staff who denied allegations of disclosing resident's confidential
25	information. LPA spoke with 2 out of 3 residents in care who stated that staff have never disclosed their
26	confidential information or information of other residents to them. Interview with resident (R1) stated that
27	they have overheard facility staff sharing their confidential information with others in the facility. LPA
28	attempted to interview (2) additional residents in the facility but was unable as the residents English
29	speaking capabilities were limited. There was not enough information or evidence present to corroborate
30	this allegation; therefore, the allegation is unsubstantiated.
31	
32	The investigation revealed the preponderance of evidence standards have not been met; therefore, the
	above allegations are found to be UNSUBSTANTIATED . A finding that the complaint allegations are
	UNSUBSTANTIATED means that although the allegations may have happened or are valid, there is not
	a preponderance of the evidence to prove that the alleged violations occurred.

SUPERVISORS NAME: Czarrina A Camilon-Lee	
LICENSING EVALUATOR NAME: Shakaricka Hughes	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/03/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/03/2026