

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 342701306  
Report Date: 06/20/2025  
Date Signed: 06/20/2025 03:40:47 PM

**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 |
| <b>COMPLAINT INVESTIGATION REPORT</b>                  |  |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/04/2024** and conducted by Evaluator Arvin Villanueva

|  |   |
|--|---|
|  | <b>COMPLAINT CONTROL NUMBER: 27-AS-20240904151144</b> |
|--|---|

|   |   |
|---|---|
| <b>FACILITY NAME:</b> MEADOWS SENIOR LIVING, THE  | <b>FACILITY NUMBER:</b> 342701306       |
| <b>ADMINISTRATOR:</b> SELLERS, ALYSSA             | <b>FACILITY TYPE:</b> 740               |
| <b>ADDRESS:</b> 9325 EAST STOCKTON BLVD.          | <b>TELEPHONE:</b> (916) 877-7835        |
| <b>CITY:</b> ELK GROVE                            | <b>STATE:</b> CA                        |
| <b>CAPACITY:</b> 160                              | <b>ZIP CODE:</b> 95624                  |
|   | <b>CENSUS:</b> 88                       |
|   | <b>DATE:</b> 06/20/2025                 |
|   | <b>UNANNOUNCED TIME BEGAN:</b> 02:00 PM |
| <b>MET WITH:</b> Kaushik Sharma, Business Manager | <b>TIME COMPLETED:</b> 04:00 PM         |

**ALLEGATION(S):**

|   |  |
|---|--|
| 1 | Staff did not administer medication as prescribed. |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |

**INVESTIGATION FINDINGS:**

|    |   |
|----|---|
| 1  | On 6/20/2025, Licensing Program Analyst Arvin Villanueva (LPA) arrived at this facility unannounced to  |
| 2  | conduct a follow up complaint visit regarding the allegation noted above. LPA met with Business Manager |
| 3  | Kaushik Sharma (S1) and stated the purpose of the visit. The Administrator/Executive Director Alyssa    |
| 4  | Sellers (AD) is not available during this visit.  |
| 5  |   |
| 6  | The investigation into the above allegation consisted of document reviews of Resident (R1)'s records,   |
| 7  | including, but not limited to, Care Notes, Medication Administration Record (MAR) from 3/6/2024 to      |
| 8  | 9/6/2024, and Controlled Drug Record.   |
| 9  |   |
| 10 |   |
| 11 |   |
| 12 |   |
| 13 | {1 of 2}  |

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson

**NAME OF LICENSING PROGRAM ANALYST:** Arvin Villanueva

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 06/20/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 06/20/2025

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 3

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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:** MEADOWS SENIOR LIVING, THE

**FACILITY NUMBER:** 342701306

**VISIT DATE:** 06/20/2025

### NARRATIVE

1 A review of R1's care notes indicates that R1 started an antibiotic on 3/6/24, which was prescribed to be  
2 taken twice a day for 10 days. However, a review of R1 Medication Administration Record (MAR)  
3 revealed that this antibiotic was given correctly in the PM dose from 3/10/24 to 3/19/24, completing the  
4 10-day course in the PM. But in the AM, the medication was only administered for 9 days, missing one  
5 dose. R1 should have finished the dose in the morning of 3/20/24. Review of R1's Controlled Drug  
6 Records confirms one missing dose in the morning of 3/10/24.

8 Additionally, R1 began another antibiotic on 5/9/24, which was prescribed to be taken twice a day for 10  
9 days. The care notes showed that this medication was properly administered both in the AM and PM,  
10 with no issues or missed doses noted.

12 However, another antibiotic, Nitrofurantoin (Macrobid), prescribed for 5 days, was not given as  
13 prescribed. The MAR shows that R1 only received the medication for 4 days in the AM (from 6/29/24 to  
14 7/2/24) and 3 days in the PM, instead of the full 5-day course as directed by the prescription. Review of  
15 R1's Controlled Drug Record shows that this medication was initially given to R1 on 6/29/24 in the  
16 morning and last given on 7/2/24 in the morning.

18 These discrepancies indicate that staff did not administer medications exactly as prescribed. The first  
19 issue was the missing AM dose in March, and the second issue occurred when the 5-day course of  
20 Nitrofurantoin was not completed as prescribed in July. Therefore, this allegation was  
21 **SUBSTANTIATED**. The above allegation is **SUBSTANTIATED**. A finding that the complaint allegation is  
22 substantiated means that the allegation is valid because the preponderance of the evidence standard  
23 has been met.

25 Per California Code of Regulations (CCRs) - Title 22, Division 6, Chapter 8, the following deficiencies  
26 are cited on the 9099-D during this visit. LPA discussed plan of correction with the Administrator over the  
27 phone.

29 Exit interview was conducted with Kaushik Sharma (in person) and Carley Taylor (via phone) to discuss  
30 the report and plan of correction. A copy of this report and appeal rights were provided.

{2 of 2}

**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson

**NAME OF LICENSING PROGRAM ANALYST:** Arvin Villanueva

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 06/20/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 06/20/2025

**Control Number** 27-AS-20240904151144

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

**FACILITY NAME:** MEADOWS SENIOR LIVING, THE  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 342701306  
**VISIT DATE:** 06/20/2025

| Deficiency Type<br>POC Due Date /<br>Section Number                | DEFICIENCIES   | PLAN OF CORRECTIONS(POCs)  |
|--|--|--|
| Type A<br>06/21/2025<br><b>Section Cited</b><br>CCR<br>87465(a)(4) | 1 Incidental Medical and Dental Care<br>2 (a)...The plan shall encourage routine<br>3 medical and dental care and provide for<br>4 assistance in obtaining such care, by<br>5 compliance with the following: (4)The<br>6 licensee shall assist residents with self-<br>7 administered medications as needed. | 1 Per discussion, the Administrator<br>2 agreed to submit a letter of<br>3 understanding of the cited regulation to<br>4 the Department by POC due date.<br>5<br>6<br>7                            |
|  | 8 This requirement is not met as<br>9 evidenced by:<br>10 Based on document review, Resident<br>11 (R1) did not received their antibiotic<br>12 medication as per physician's orders.<br>13 This poses an immediate health, safety<br>14 and personal risk to R1.  | 8 Additionally, per Administrator, a<br>9 refresher medication training will be<br>10 conducted and copy of staff training will<br>11 be submitted to the Department by<br>12 6/27/25.<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.**

**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson  
**NAME OF LICENSING PROGRAM ANALYST:** Arvin Villanueva  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 06/20/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 06/20/2025