

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342701306
Report Date: 01/30/2026
Date Signed: 01/30/2026 03:42:43 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 **12/02/2025** and conducted by Evaluator Arvin Villanueva

	COMPLAINT CONTROL NUMBER: 27-AS-20251202152416
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FACILITY NAME: MEADOWS SENIOR LIVING, THE	FACILITY NUMBER: 342701306
ADMINISTRATOR: SELLERS, ALYSSA	FACILITY TYPE: 740
ADDRESS: 9325 EAST STOCKTON BLVD.	TELEPHONE: (916) 877-7835
CITY: ELK GROVE	ZIP CODE: 95624
CAPACITY: 160	DATE: 01/30/2026
MET WITH: Alyssa Sellers	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 04:15 PM

ALLEGATION(S):

1	Staff are not meeting resident's hygiene needs.
2	Staff does not ensure that resident receives shower services.
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9	

INVESTIGATION FINDINGS:

1	On 1/30/2026, Licensing Program Analyst, Arvin Villanueva (LPA), arrived unannounced at this facility to
2	conduct a follow-up complaint investigation and to deliver findings regarding the allegations noted above.
3	LPA met with the Executive Director/Administrator, Alyssa Sellers (AD), and stated the purpose of the
4	visit.
5	
6	Allegation 1: Staff are not meeting residents' hygiene needs
7	The investigation into this allegation consisted of review of facility records, interviews, and on-site
8	observations.
9	
10	The LPA reviewed staff in-service training records. Training dated 12/9/25 included topics such as
11	completing care needs, documenting refusals, and staff responsibility for all residents. Training dated
12	12/6/25 covered showers, toileting, handwashing, and face washing.
13	{1 of 3}

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Stephen Richardson
LICENSING EVALUATOR NAME: Arvin Villanueva
LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026

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 3

Control Number 27-AS-20251202152416

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: 01/30/2026

NARRATIVE

1 Training dated 2/20/25 included general policies and procedures, grooming assistance, proper storage
2 of hygiene supplies, hydration, meal times, shower and spa room use, and protected health information.
3 These records showed staff received training related to resident hygiene care.
4 Per review of R1's Physician's Report dated 10/3/2025, R1 was assessed to be at risks if allowed direct
5 access to personal grooming and hygiene items. R1 was also diagnosed with Alzheimer's dementia.
6
7 LPA interviewed Resident (R1). R1 confirmed they receive assistance with activities of daily living,
8 including hygiene care. R1 stated not having any issues with staff meeting their hygiene needs at this
9 time. Three additional residents were interviewed and did not report concerns regarding staff not
10 assisting with hygiene care.
11
12
13
14 Staff on duty, (S1) and (S2), were interviewed and denied the allegation. Both staff stated residents
15 receive assistance with hygiene as needed and as scheduled.
16
17
18 During a facility visit on 12/10/2025, LPA observed grooming carts containing residents' hygiene items
19 labeled with residents' names. Baskets with resident-specific hygiene supplies and additional facility-
20 provided items were also observed. LPA observed resident bedrooms and noted hand soap available for
21 resident use.
22
23 Based on record review, interviews, and observations, there was insufficient evidence to support the
24 allegation that staff are not meeting residents' hygiene needs. Therefore, this allegation is
25 **unsubstantiated**.
26
27 **Allegation 2: Staff do not ensure that residents receive shower services**
28 The investigation into this allegation included record review, interviews, and direct observation.
29
30 The LPA reviewed Resident 1's (R1) shower schedule and shower tracking sheets for October,
31 November, and December 2025. Records showed R1 was scheduled to receive showers at least twice
32 per week on Sundays and Thursdays.
{2 of 3}

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LICENSING EVALUATOR NAME: Arvin Villanueva
LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 27-AS-20251202152416

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH ASC, 9835 GOETHE

FACILITY NAME: MEADOWS SENIOR LIVING, THE

FACILITY NUMBER: 342701306

VISIT DATE: 01/30/2026

NARRATIVE

1 Staff initials were documented on scheduled days, indicating showers were provided. Records also
2 showed R1 requires assistance with parts of the bathing process, including getting in and out of the
3 shower or tub.
4
5 Per review of R1's Physician's Report dated 10/3/2025, R1 was assessed to be at risks if allowed direct
6 access to personal grooming and hygiene items. R1 was also diagnosed with Alzheimer's dementia.
7
8 R1 was interviewed and stated staff assist them with showers at least two times per week. R1 did not
9 report any concerns about missing showers. Three additional residents were interviewed and did not
10 report concerns about not receiving showers.
11
12 Staff on duty, (S1) and (S2), denied the allegation and stated staff ensure residents receive scheduled
13 showers.
14
15 During a facility visit on 12/10/2025, LPA observed the common shower room in the Memory Care area,
16 which included two shower stalls and a walk-in bathtub for non-ambulatory residents. The LPA noted a
17 resident in the Memory Care area being assisted by staff during a shower. The LPA also observed a
18 room where shower schedules were kept.
19
20 Based on record reviews, interviews, and observations, there was insufficient evidence to support the
21 allegation that staff do not ensure residents receive shower services. Therefore, this allegation is
22 **unsubstantiated**.
23
24 Note that an unsubstantiated finding means that although the allegation may have happened or valid,
25 the preponderance of evidence standard is not met.
26
27 No deficiencies were cited as a result of this visit.
28
29 An exit interview was conducted with AD and a copy of this report and appeal rights were provided.
30
31 {3 of 3}
32

SUPERVISORS NAME: Stephen Richardson
LICENSING EVALUATOR NAME: Arvin Villanueva
LICENSING EVALUATOR SIGNATURE: **DATE:** 01/30/2026

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FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 01/30/2026