

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342701306
Report Date: 07/02/2026
Date Signed: 07/02/2026 04:13:24 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 03/23/2026 and conducted by Evaluator Michael Bilger

	COMPLAINT CONTROL NUMBER: 27-AS-20260323173150
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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:	07/02/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	02:00 PM
	CENSUS: 90	TIME	02:59 PM
MET WITH:	Alyssa Sellers	COMPLETED:	

ALLEGATION(S):

1	Unlawful eviction
2	Staff do not provide residents with medication as prescribed
3	Staff did not provide resident's responsible party with requested records/logs
4	Staff did not safeguard resident's belongings
5	Staff did not accord resident with privacy
6	Facility is in disrepair
7	Facility has pests
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INVESTIGATION FINDINGS:

1	On 7-2-2026 at 2:00pm, Licensing Program Analyst (LPA) Michael Bilger arrived unannounced to deliver
2	findings for the allegations noted above. LPA met with Administrator Alyssa Sellers and explained the
3	purpose of the visit. During this investigation, LPA conducted interviews with six staff members and one
4	resident in care. Additionally, LPA reviewed facility file documentation including appraisal forms,
5	physician's report, needs and service plan, admissions agreement, email communications, care notes,
6	theft and loss policies, medication orders and log sheet, eviction letters, and pest control records. LPA
7	also conducted a facility observation as part of this investigation.
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9	Allegation: Unlawful Eviction. LPA conducted interviews and record reviews as noted above. Based on
10	these reviews and interviews, it was revealed that resident1 (R1) received an eviction notice dated 2-20-
11	2026 which was sent to the Department for review on 2-20-2026.
12	{Cont. on 9099C}
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Liza King	
LICENSING EVALUATOR NAME: Michael Bilger	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/02/2026

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 4
Control Number 27-AS-20260323173150

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: 07/02/2026

NARRATIVE	
1	Upon review of the eviction notice, it was determined that additional information was required to bring
2	notice into compliance. As a result, facility rescinded the notice and re-issued a revised notice on 4-21-
3	2026 which met regulatory requirements. Based on additional review, there was no evidence of any
4	additional attempts to evict resident in an unlawful manner. As a result, the preponderance of evidence
5	standard is not met, and this allegation is UNSUBSTANTIATED.
6	Allegation: Staff do not provide residents with medication as prescribed. LPA conducted interviews and
7	record reviews as noted above. Medication logs from January to March 2026 were reviewed. Based on
8	these reviews and interviews, it was revealed that R1 has been receiving medication as indicated in the
9	medication logs and accompanying orders. A specific medication order for Parkinson's disease was
10	noted to be given at the specific times of 8am, 12pm, 4pm, 8pm, and 10pm (bedtime). Medication log
11	sheets indicate these times noted and medication dispensed at these times. Investigation did not reveal
12	any additional evidence of staff not providing residents with medication as prescribed. As a result, the
13	preponderance of evidence standard is not met, and this allegation is UNSUBSTANTIATED.
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15	Allegation: Staff did not provide resident's responsible party with requested records/logs. LPA conducted
16	interviews and record reviews as noted above. Based on these reviews and interviews, it was revealed
17	that Administrator and staff6 (S6) received information of the records request on 4-1-2026. Investigation
18	also revealed that on 4-2-2026, an email was sent to the individual requesting records to inquire as to
19	which specific records were requested, however, a response was not received by facility. Interviews
20	conducted did not reveal additional specific dates of requested records. As a result, the preponderance
21	of evidence standard is not met, and this allegation is UNSUBSTANTIATED.
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23	Allegation: Staff did not safeguard resident's belongings. LPA conducted interviews and record reviews
24	as noted above. Based on interviews and record reviews it was revealed that a video recording device
25	was placed in the room of R1 without staff knowledge. Interviews further revealed that when discovered,
26	the device was unplugged due to lack of proper signage informing others of a camera in use.
27	Additionally, it was further revealed that the device remained in the room. Inventory sheet reviewed did
28	not indicate any belongings of this sort inventoried. No additional evidence revealed that the device was
29	not safeguarded properly. As a result, the preponderance of evidence standard is not met, and this
30	allegation is UNSUBSTANTIATED.
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32	{Cont. on 9099C}

SUPERVISORS NAME: Liza King	
LICENSING EVALUATOR NAME: Michael Bilger	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/02/2026

LIC9099 (FAS) - (06/04) Page: 2 of 4
Control Number 27-AS-20260323173150

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE
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FACILITY NAME: MEADOWS SENIOR LIVING, THE

FACILITY NUMBER: 342701306
VISIT DATE: 07/02/2026

NARRATIVE	
1	Allegation: Staff did not accord resident with privacy. LPA conducted interviews and record reviews as noted above. Interviews and various email communications reviewed revealed that a pre-arranged doctor appointment for R1 took place on 2-3-2026. Emails revealed this appointment required an “escort” and responsible party to be present. Interviews and care notes revealed transportation was arranged for R1 who was accompanied by staff2 (S2). S2 arrived with R1 at the doctor’s office and stated R1’s cognitive concerns and the need for an updated physician’s report. The doctor declined to conduct the assessment until R1’s responsible person arrived. R1’s responsible person arrived shortly thereafter, S2 left the room. The driver remained in the transportation vehicle during this event based on interviews conducted. As result, there is not a preponderance of evidence to conclude that facility did not accord resident with privacy, therefore, this allegation is UNSUBSTANTIATED.
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22	Allegation: Facility is in disrepair. LPA conducted interviews and facility observation as noted above. Based on interviews conducted, there have been no recent reports of disrepair items or requests for repairs. Observation did not reveal any evidence of disrepair items within facility common areas, kitchen area, outside of facility, or resident rooms. As a result, the preponderance of evidence standard is not met, and this allegation is UNSUBSTANTIATED.
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SUPERVISORS NAME: Liza King

LICENSING EVALUATOR NAME: Michael Bilger

LICENSING EVALUATOR SIGNATURE:

DATE: 07/02/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/02/2026

FACILITY NAME: MEADOWS SENIOR LIVING, THE

FACILITY NUMBER: 342701306
VISIT DATE: 07/02/2026

NARRATIVE	
1	Allegation: Facility has pests. LPA conducted interviews, record reviews, and observation as noted above. An observation conducted by LPA on 4-1-2026 revealed evidence of pests, however, record reviews and interviews revealed that facility has been consistently utilizing a pest control service since 10/2/2025 to current with specific target rooms of 201, 204, and other various areas within the facility. Based on review of pest control information, pests may appear during stages of treatment as a normal
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11 process. Observation conducted on 6-10-2026 did not reveal any evidence
12 of pests within the facility. As a result, the preponderance of evidence
13 standard is not met, and this allegation is UNSUBSTANTIATED.
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16 A finding of unsubstantiated means the allegation may have happened or is
17 valid, but there is not a preponderance of the evidence to prove that the
18 alleged violation occurred.
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21 An exit interview was conducted with Administrator and a copy of this
22 report was provided. Appeal rights and LIC 811 provided.
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