

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342701667
Report Date: 07/17/2026
Date Signed: 07/17/2026 03:23:24 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 04/07/2026 and conducted by Evaluator Avelina Martinez

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260407131508
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FACILITY NAME:	SPANISH VINES ASSISTED LIVING AND MEMORY CARE	FACILITY NUMBER:	342701667
ADMINISTRATOR:	MORENO-FIGUEROA, ARLENE	FACILITY TYPE:	740
ADDRESS:	7548 GREENHAVEN DRIVE	TELEPHONE:	(916) 427-8887
CITY:	SACRAMENTO	ZIP CODE:	95831
CAPACITY:	105	DATE:	07/17/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:30 AM
	CENSUS: 68	TIME	03:30 PM
MET WITH:	Arlene Moreno-Figueroa	COMPLETED:	

ALLEGATION(S):

1	Resident's room is in disrepair.
2	Facility does not have an evacuation plan.
3	Staff did not adhere to the resident's admission agreement.
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INVESTIGATION FINDINGS:

1	On July 17, 2026, at 9:30 AM, Licensing Program Analyst (LPA) Avelina Martinez arrived at the facility
2	unannounced to deliver complaint findings. LPA Martinez met with Arlene Moreno-Figueroa during
3	today's visit and explained the purpose of the visit.
4	
5	Throughout the course of this investigation, LPA Martinez conducted interviews, reviewed records, and
6	inspected the facility. Based on information provided it was learned that resident's 1 (R1) en suite
7	bathroom shower was leaking. It was also learned that R2's en suite bathroom ceiling was effected by
8	the leak in R1's en suite bathroom. The facility addressed the leaks and repaired both bathrooms. Facility
9	staff also provided invoice repair documentation.
10	
11	The facility also has an emergency evacuation plan, and was provided to LPA Martinez. LPA Martinez
12	also inspected the emergency exit stairwell. The emergency exit stairwell has an evacuation chair. In
13	addition, the facility has evacuation sketches throughout the first and second floor of the building.
	Continued...

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Arielle Pascua	
LICENSING EVALUATOR NAME: Avelina Martinez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/17/2026

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-20260407131508

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SPANISH VINES ASSISTED LIVING AND MEMORY CARE	FACILITY NUMBER: 342701667
	VISIT DATE: 07/17/2026

NARRATIVE	
1	Moreover, LPA Martinez reviewed R1's admission agreement, which only states level one base rate. The
2	admission agreement does not reflect assistive feeding device services. LPA Martinez also reviewed
3	R1's February 12, 2026, and March 27, 2026, Needs and Service plans (NSP). The February 12, 2026,
4	NSP did not indicate R1 required assistive feeding device services. The March 27, 2026, NSP included
5	assistive feeding device services. Based on the information gathered from file reviews and interviews,
6	there is not sufficient evidence to show that R1 moved into the facility with an assistive feeding device
7	and that the facility agreed to provide this service to R1 when they moved into the facility. Additionally,
8	R1's property inventory list document was not dated and did not include a feeding device.
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10	Due to the above noted information, although the allegations may have happened or are valid, there is
11	not a preponderance of evidence to prove the alleged violations did or did not occur, and therefore, the
12	allegations are unsubstantiated. An exit interview was conducted, and a copy of this report was provided
13	to the facility.
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SUPERVISORS NAME: Arielle Pascua	
LICENSING EVALUATOR NAME: Avelina Martinez	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
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