

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 345002854  
Report Date: 09/09/2025  
Date Signed: 09/09/2025 01:29:20 PM

**Unfounded**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 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 **08/07/2025** and conducted by Evaluator Talwinder Bains

	<b>COMPLAINT CONTROL NUMBER: 59-AS-20250807082444</b>
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<b>FACILITY NAME:</b> ALMOND GROVE ASSISTED LIVING	<b>FACILITY NUMBER:</b> 345002854
<b>ADMINISTRATOR:</b> PRICE, DARRELL	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 6135 ALMOND AVENUE	<b>TELEPHONE:</b> (916) 988-7506
<b>CITY:</b> ORANGEVALE	<b>STATE:</b> CA <b>ZIP CODE:</b> 95662
<b>CAPACITY:</b> 78	<b>CENSUS:</b> 57 <b>DATE:</b> 09/09/2025
<b>MET WITH:</b> Administrator, Kim Jackson	<b>UNANNOUNCED TIME BEGAN:</b> 12:30 PM
	<b>TIME COMPLETED:</b> 01:45 PM

**ALLEGATION(S):**

1	Staff do not follow infection control guidelines.
2	Staff did not prevent outbreak of contagious disease.
3	Licensee does not ensure staff have required training.
4	Staff are not providing adequate food service.
5	Staff do not follow reporting requirements.
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**INVESTIGATION FINDINGS:**

1	On 09/09/25, Licensing Program Analyst (LPA) Talwinder Bains arrived unannounced to deliver complaint findings for allegations listed above. LPA met with Administrator, Kim Jackson during today's visit and explained the purpose of the visit.
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5	The department conducted records review and interviews with staff and residents to investigate the complaint.
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10	**Report continued on LIC9099-C**
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**Unfounded**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Laura Munoz  
**NAME OF LICENSING PROGRAM ANALYST:** Talwinder Bains  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/09/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/09/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100  
SACRAMENTO, CA 95827

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** ALMOND GROVE ASSISTED LIVING

**FACILITY NUMBER:** 345002854

**VISIT DATE:** 09/09/2025

### NARRATIVE

1 \*\*Report continued from 9099....

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3 **Allegation- Staff do not follow infection control guidelines. Staff did not prevent outbreak of**  
4 **contagious disease. -UNFOUNDED**

5

6 Based on observation, record review, and statements reviewed, the facility was following infection  
7 control guidelines with recent covid+ cases outbreak. It was noted that facility followed all directives from  
8 the department and from health department with handling of recent covid outbreak at the facility, and an  
9 in-service to staff is reviewed on proper hand washing and universal precautions. Facility encouraged  
10 residents to stay in their rooms during the episode. Four residents and seven staff interviews did not  
11 indicate any concerns about this matter. It was observed the facility had required PPE outside the  
12 resident's room; therefore, the allegation is UNFOUNDED.

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14 **Allegation- Licensee does not ensure staff have required training. -UNFOUNDED**

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16 The Department conducted interviews with seven staff members and reviewed record regarding the  
17 allegation cited above. Staff interviews revealed that staff have adequate training (on boarding and  
18 ongoing) regarding infection control guidelines and other required topics and there were no issues. Staff  
19 interviews also reflected that the facility has adequate supplies of PPE and other care items to take care  
20 of residents. Four resident interviews indicated that staff were properly trained, and residents felt safe  
21 with the staff's care without any problems. Record review indicated that facility has all required  
22 documentation regarding staff's training per Title 22 Regulations, therefore these allegations were found  
23 to be Unfounded.

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25 \*\*\* Report continued .....

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**NAME OF LICENSING PROGRAM MANAGER:** Laura Munoz  
**NAME OF LICENSING PROGRAM ANALYST:** Talwinder Bains  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/09/2025

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/09/2025

LIC9099 (FAS) - (06/04)

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**Control Number** 59-AS-20250807082444

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: ALMOND GROVE ASSISTED LIVING

FACILITY NUMBER: 345002854

VISIT DATE: 09/09/2025

**NARRATIVE**1 \*\*\*Report continued from 9099.....  
23 **Allegation- Staff are not providing adequate food service. -UNFOUNDED**  
45 An investigation has been conducted regarding the above allegation. LPA observed the facility's food  
6 supply as well as interviewed residents regarding the food service. Based on observation and  
7 interviews, the facility keeps the required amount of food supply in the facility per Title 22 Regulations.  
8 Additionally, four (4) residents interviews indicated that residents are satisfied with the food service at  
9 the facility and deny they missing any meal there. During resident's interviews, it has been found out  
10 that the main dining room was closed temporarily during recent covid+ cases outbreak per health  
11 department's directive, but their meal services were fine. Seven staff interviewed indicated that there  
12 were no issues related to residents meal services at the facility. Based on the information, this allegation  
13 is found to be **Unfounded**.  
1415 **Allegation- Staff do not follow reporting requirements. -UNFOUNDED**  
1617 The Department conducted interviews with seven staff, and reviewed records to investigate this  
18 allegation. Staff interviews indicated that the facility was notifying all reportable incidents to residents,  
19 responsible parties and other required agencies including recent covid+ cases and there were no  
20 concerns. Record review reflected that the facility kept proper call logs, email communications and other  
21 modes of communications by which facility was notifying residents, responsible parties and other  
22 agencies any reportable items per regulations and there were no issues . Based on this information, this  
23 allegation is **Unfounded**.  
2425 A finding that the allegations are **Unfounded** means that the allegations are false, could not have  
26 happened, and/or is without a reasonable basis.  
2728 Exit interview conducted. A copy of this report has been provided to facility.  
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NAME OF LICENSING PROGRAM MANAGER: Laura Munoz

NAME OF LICENSING PROGRAM ANALYST: Talwinder Bains

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/09/2025

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