

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 345002886
Report Date: 06/17/2026
Date Signed: 06/17/2026 10:08:30 AM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/13/2026** and conducted by Evaluator Cassandra Mikkelson

	COMPLAINT CONTROL NUMBER: 59-AS-20260413111022
FACILITY NAME: CITRUS CREST CARE HOME 1	FACILITY NUMBER: 345002886
ADMINISTRATOR: SOUMAHORO, MUAMOUDOU	FACILITY TYPE: 740
ADDRESS: 6906 HENNING DRIVE	TELEPHONE: (916) 728-1338
CITY: CITRUS HEIGHTS	ZIP CODE: 95621
CAPACITY: 6	DATE: 06/17/2026
	UNANNOUNCED TIME BEGAN: 09:45 AM
MET WITH: Hyacinth Morris	TIME COMPLETED: 10:20 AM

ALLEGATION(S):

1	Staff did not address resident's fall risk
2	Staff yell at resident
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INVESTIGATION FINDINGS:

1	Licensed Program Analyst (LPA) Cassandra Mikkelson arrived at the facility unannounced and met with
2	Care staff Hyacinth Morris to deliver findings for the above complaint allegation. LPA spoke with Licensee
3	via phone to inform of visit.
4	
5	During the investigation, LPA conducted interviews, conducted a tour of the facility, and reviewed
6	documentation pertinent to the investigation.
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8	The results of the investigation are as follows:
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10	*** Report continued on 9099-C***
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Unfounded	Estimated Days of Completion: 10
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SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Cassandra Mikkelson	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/17/2026

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 59-AS-20260413111022

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: CITRUS CREST CARE HOME 1	FACILITY NUMBER: 345002886
	VISIT DATE: 06/17/2026

NARRATIVE	
1	<u>Staff did not address resident's fall risk</u>
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3	Records reviewed indicated that there have been no incidents or falls for resident R1 in the last three
4	months prior to initial visit on 04/23/2026. Staff assist R1 with their care and needs in order to help
5	prevent falls. Observations indicated that residents in care are monitored for fall risk and staff are quick
6	to assist when residents need or request assistance. Interviews conducted indicated facility and staff
7	have addressed resident's fall risk and are monitoring closely along with hospice care. R1 also has
8	physical therapy that is seeing R1 weekly for additional support. Staff encourage R1 to use walker or
9	wheelchair when moving about the facility but sometime R1 does not which causes a fall. Therefore, the
10	allegation staff did not address resident's fall risk is unfounded.
11	
12	<u>Staff yell at resident</u>
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14	Interviews conducted with residents indicated that residents are happy with the care that is being
15	received and staff are helpful. Interviews with staff indicated that staff sometimes have to speak in a
16	louder voice due to resident hearing loss but they do not yell at residents. Observations indicated that
17	staff are speaking respectfully to residents in care and only will speak in a louder voice if the resident did
18	not hear the staff the first time. Therefore, the allegation staff yell at resident is unfounded.
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20	Based on records reviewed and interviews, LPA finds the above allegations to be UNFOUNDED-
21	meaning that the allegations were false, could not have happened and/or is without reasonable basis.
22	Exit interview conducted with the Administrator. Copy of report was given to facility.
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LICENSING EVALUATOR NAME: Cassandra Mikkelson	
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