

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 345002947
Report Date: 01/21/2026
Date Signed: 01/21/2026 10:46:02 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 **09/24/2025** and conducted by Evaluator Cheyenne Ratajczak

	COMPLAINT CONTROL NUMBER: 59-AS-20250924102408	
FACILITY NAME:	J & H CARE HOMES	FACILITY NUMBER: 345002947
ADMINISTRATOR:	SALMAN, RASHA	FACILITY TYPE: 740
ADDRESS:	8529 ARROWROOT CIRCLE	TELEPHONE: (916) 905-8038
CITY:	ANTELOPE	ZIP CODE: 95843
CAPACITY:	6	DATE: 01/21/2026
	STATE: CA	UNANNOUNCED TIME BEGAN: 09:30 AM
	CENSUS: 6	TIME COMPLETED: 10:55 AM
MET WITH:	Rasha Salman	

ALLEGATION(S):

1	Resident sustained pressure injury due to staff neglect
2	Staff did not seek medical attention for resident
3	Staff is overmedicating resident
4	Staff are falsifying incident reports
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INVESTIGATION FINDINGS:

1	On 01/21/2026 Licensing Program Manager (LPM) Laura Munoz and Licensing Program Analyst (LPA)
2	Cheyenne Ratajczak arrived at the facility unannounced to deliver final findings of the complaint received
3	on 09/24/2025. LPA met with Administrator Rasha Salman and explained the purpose of the visit.
4	
5	During today's visit, LPM and LPA reviewed documents, conducted a medication audit and toured the
6	facility.
7	
8	Please continue to LIC9099C...
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Cheyenne Ratajczak	
LICENSING EVALUATOR SIGNATURE:	DATE: 01/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/21/2026

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 59-AS-20250924102408

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: J & H CARE HOMES	FACILITY NUMBER: 345002947
	VISIT DATE: 01/21/2026

NARRATIVE	
1	<u>Allegation: Resident sustained pressure injury due to staff neglect- Unfounded</u>
2	LPA and LPM reviewed records and conducted interview and found no evidence that residents
3	sustained pressure injury due to staff neglect.
4	
5	<u>Allegation: Staff did not seek medical attention for resident- Unfounded</u>
6	LPA and LPM reviewed records and conducted interview. Hospital discharge papers were reviewed
7	found that the facility sought medical attention for R1 and R2 when medical attention was needed.
8	
9	<u>Allegation: Staff is over medicating resident- Unfounded</u>
10	LPA and LPM reviewed records and conducted a medication audit and found no evidence that staff is
11	over medicating residents. Medications are accounted for without discrepancy.
12	
13	<u>Allegation: Staff are falsifying incident reports- Unfounded</u>
14	LPA and LPM reviewed records found the facility is reporting incidents as required. There is no evidence
15	that staff are falsifying incident reports submitted to the Department.
16	
17	Based on information obtained through interviews, the Department finds the allegations to be
18	UNFOUNDED , meaning that the allegation was false, could not have happened and/or is without a
19	reasonable basis.
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21	Exit interview conducted and a copy of the report was left at the facility.
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SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Cheyenne Ratajczak	
LICENSING EVALUATOR SIGNATURE:	DATE: 01/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/21/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3	
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	

PUBLIC	COMPLAINT CONTROL NUMBER: 59-AS-20250924102408
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FACILITY NAME: J & H CARE HOMES	FACILITY NUMBER: 345002947
ADMINISTRATOR: SALMAN, RASHA	FACILITY TYPE: 740
ADDRESS: 8529 ARROWROOT CIRCLE	TELEPHONE: (916) 905-8038
CITY: ANTELOPE	ZIP CODE: 95843
CAPACITY: 6	DATE: 01/21/2026
STATE: CA	UNANNOUNCED TIME BEGAN: 09:30 AM
CENSUS: 6	TIME COMPLETED: 10:55 AM
MET WITH: Rasha Salman	

ALLEGATION(S):

1	Staff is mismanaging resident's medication
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INVESTIGATION FINDINGS:

1	On 01/21/2026 Licensing Program Manager (LPM) Laura Munoz and Licensing Program Analyst (LPA)
2	Cheyenne Ratajczak arrived at the facility unannounced to deliver final findings of the complaint received
3	on 09/24/2025. LPA met with Administrator Rasha Salman and explained the purpose of the visit.
4	
5	During today's visit, LPM and LPA reviewed documents, conducted a medication audit and toured the
6	facility.
7	
8	Based on medication audit, the facility is pre-pouring medications for 7 days in advance. There is no
9	evidence that staff are mismanaging residents medications however based on Title 22, Section 87465(h)
10	(5), "Each resident's medication shall be stored in its originally received container. No medications shall
11	be transferred between containers". The Department will be issuing a technical violation for the
12	prepouring of medication. Based upon the information obtained during investigation, the above allegation
13	is unsubstantiated. A finding that the complaint is UNSUBSTANTIATED means that although the
	allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the
	alleged violation occurred.
	Exit interview conducted a copy of the report and appeal rights were left at the facility.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Cheyenne Ratajczak	
LICENSING EVALUATOR SIGNATURE:	DATE: 01/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/21/2026