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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 345920078
Report Date: 08/04/2026
Date Signed: 08/04/2026 11:57:31 AM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/31/2026** and conducted by Evaluator Talwinder Bains

	COMPLAINT CONTROL NUMBER: 59-AS-20260731092720

FACILITY NAME:	BLOSSOM VALE SENIOR LIVING			**FACILITY NUMBER:**	345920078
ADMINISTRATOR:	MORRIS, DANIELLE			**FACILITY TYPE:**	740
ADDRESS:	6125 HAZEL AVENUE			**TELEPHONE:**	(916) 988-7901
CITY:	ORANGEVALE	**STATE:** CA		**ZIP CODE:**	95662
CAPACITY:	120	**CENSUS:** 108		**DATE:**	08/04/2026
		UNANNOUNCED		**TIME BEGAN:**	10:20 AM
MET WITH:	Administrator, Danielle Morris			**TIME COMPLETED:**	12:15 PM

ALLEGATION(S):

1	Staff did not provide appropriate food service to the resident, resulting in dehydration.
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INVESTIGATION FINDINGS:

1	On 8/4/26, Licensing Program Analyst (LPA) Talwinder Bains arrived at the facility unannounced and met
2	with Administrator, Danielle Morris to do complaint findings into allegations listed above. LPA explained
3	the purpose of the visit upon arrival.
4	
5	The department conducted record review and interviewed staff to investigation above allegation. Staff
6	interviews indicated that resident, R1 was residing at the facility from 01/23/26 till they went to hospital on
7	7/16/26 after R1 had fall incident and due to overall decline in their health conditions and been moved out
8	to another facility as arranged by R1s family. Staff interviews reflected that R1 was independent with their
9	activities of daily living (ADLs) and did not need any assistance from staff including their meals or fluids
10	intake in any manner. Record review indicated that R1 was living at the facility only for medications
11	management and did not require any assistance with any ADLs including dressing, toileting or eating etc.
12	R1s medical assessment, LIC602, dated-1/9/26 indicated that R1 was diagnosed with MCI and required
13	assistance with medication management only. Based on gathered information, this allegation was
	UNFOUNDED. A finding that the allegations are unfounded means that the allegations are false, could
	not have happened, and/or is without a reasonable basis.

	Exit meeting conducted. A copy of this report has been provided to facility.

Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Talwinder Bains
LICENSING EVALUATOR SIGNATURE:
DATE: 08/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/04/2026

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