

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 345920099
Report Date: 06/03/2026
Date Signed: 06/03/2026 03:12:23 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/27/2026** and conducted by Evaluator Melissa Parks

PUBLIC	COMPLAINT CONTROL NUMBER: 59-AS-20260527133619
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FACILITY NAME:	SPRING AZURE SENIOR CARE	FACILITY NUMBER:	345920099
ADMINISTRATOR:	CHUA-HARRIS, CHRISTINE DYA	FACILITY TYPE:	740
ADDRESS:	6924 OAK SPRING WAY	TELEPHONE:	(916) 579-9222
CITY:	CITRUS HEIGHTS	ZIP CODE:	95621
CAPACITY:	6	DATE:	06/03/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	01:15 PM
	CENSUS: 6	TIME	03:30 PM
MET WITH:	Dyan Chua-Harris	COMPLETED:	

ALLEGATION(S):

1	Facility is not sufficiently staffed to meet the needs of resident
2	Staff do not properly monitor residents alcohol consumption
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Melissa Parks arrived on Wednesday June 3, 2026, unannounced to
2	conduct a complaint visit regarding the above allegations. LPA met with Administrator Dyan and
3	explained the purpose of the visit.
4	
5	LPA interviewed Dyan and staff regarding the allegations. LPA learned the following: R1 has lived at the
6	facility since February 2026. R1 needs assistance from staff to reposition. Per R1's request, staff are to
7	wake them up (if needed) before repositioning. On May 26, 2026, staff attempted to wake R1 up in order
8	to reposition them. R1 then began to yell at staff and hit S2 on their arm, leaving a bruise. R1 later
9	apologized for their behavior, stating that they drank too much alcohol.
10	
11	LPA reviewed staffing schedules for the facility: this facility currently has 6 residents, 4 of which are
12	ambulatory and 2 are non-ambulatory. There are two staff scheduled 7am - 7pm daily with one awake
13	staff from 7pm - 7am. Additionally, the administrator is here 9am - 5pm Monday - Friday and works as
	direct care staff on Saturday and Sunday. Staff stated that this was the only incident where R1 attempted to

SUPERVISORS NAME: Laura Munoz

LICENSING EVALUATOR NAME: Melissa Parks

LICENSING EVALUATOR SIGNATURE:

DATE: 06/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/03/2026

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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Control Number 59-AS-20260527133619

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**COMPLAINT INVESTIGATION REPORT
(Cont)**CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO NORTH ASC, 9835 GOETHE
ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: SPRING AZURE SENIOR CARE

FACILITY NUMBER: 345920099

VISIT DATE: 06/03/2026

NARRATIVE1 hit staff and has not occurred since.
23 R1 has a history of being rude or yelling at staff. LPA interviewed R2 who stated that they felt the facility
4 is staffed appropriately. R2 stated that their needs are being met.
56 LPA reviewed R1's facility file including LIC625, physicians report, admission agreement, and resident
7 appraisal. R1 is their own power of attorney. Per R1's 602, there is no cognitive impairment, and they
8 can manage their own medication. R1 needs assistance with dressing, toileting, and repositioning. R1
9 can leave the facility unassisted. LPA did not find any documentation from R1's physician stating that
10 they could not drink or to limit alcohol. Additionally, there are no house rules regarding alcohol
11 consumption. R1 refused to meet with LPA during the facility visit.
1213 Based on the evidence provided, the preponderance of evidence standards was not met, therefore, the
14 above allegations are found to be UNFOUNDED. An unfounded allegation means that the allegation
15 was false, could not have happened and/or is without a reasonable basis.
1617 Exit interview conducted. A copy of this report was left at the facility.
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