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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 345920107
Report Date: 07/16/2026
Date Signed: 07/16/2026 03:18:02 PM

Unsubstantiated

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 **04/06/2026** and conducted by Evaluator Graham Gunby

	COMPLAINT CONTROL NUMBER: 59-AS-20260406115616

FACILITY NAME:	A NURSES TOUCH RCFE		**FACILITY NUMBER:**	345920107
ADMINISTRATOR:	PRITCHETT, LENDOUR RN		**FACILITY TYPE:**	740
ADDRESS:	7209 LYNNBROOK COURT		**TELEPHONE:**	(321) 223-7857
CITY:	CARMICHAEL	**STATE:** CA	**ZIP CODE:**	95608
CAPACITY:	6	**CENSUS:** 2	**DATE:**	07/16/2026
		UNANNOUNCED	**TIME BEGAN:**	01:30 PM
MET WITH:	Licensee - Lendour Pritchett		**TIME COMPLETED:**	03:30 PM

ALLEGATION(S):

1	Staff instructed unqualified staff to perform glucose test for resident.
2	Facility management is not present in the facility for a sufficient number of hours.
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INVESTIGATION FINDINGS:

1	On 07/16/26, Licensing Program Analyst (LPA) Graham Gunby arrived at the facility unannounced to
2	deliver complaint findings into the allegations listed above and met with Licensee, Lendour Pritchett.
3	During the investigation, the Department conducted interviews, observations an reviewed documentation
4	pertinent to the investigation.
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6	*Continued on LIC9099-C*
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Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Graham Gunby
LICENSING EVALUATOR SIGNATURE:
DATE: 07/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/16/2026

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

Control Number 59-AS-20260406115616

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: A NURSES TOUCH RCFE **FACILITY NUMBER:** 345920107
VISIT DATE: 07/16/2026

NARRATIVE

Allegation: Staff instructed unqualified staff to perform glucose test for resident.

The Department requested and reviewed R1's physician's report. Physician's report indicates R1 is unable to administer own prescription medications, administer own injections, perform own glucose testing. As stated on R1's 602, resident will need medication assistance and reminders. S1 explained that R1 is diagnosed with dementia and needs frequent reminders to do the testing. Through interviews with R1, R1 confirmed that staff set up medications and R1 would administer their own insulin and perform their own glucose testing.

Allegation: Facility management is not present in the facility for a sufficient number of hours.

Through the course of the investigation the facility provided the LPA with an updated LIC500. The LIC500 stated S1 is at the facility on the schedule from 8am-4pm Monday through Friday. S1 stated that is their official schedule, as they are add more staff, but is typically at the facility longer than what is on the schedule. R1 stated that S1 is at the facility a lot, even when there is another staff member working. Per Title 22, "The administrator shall have sufficient freedom from other responsibilities and shall be on the premises a sufficient number of hours to permit adequate attention to the management and administration of the facility as specified in this section."

Based on the interviews and evidence obtained, although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is **Unsubstantiated.**

SUPERVISORS NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Graham Gunby
LICENSING EVALUATOR SIGNATURE:
DATE: 07/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/16/2026

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

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ALLEGATION(S):

1. Staff is not given sufficient training.

INVESTIGATION FINDINGS:

On 07/16/26, Licensing Program Analyst (LPA) Graham Gunby arrived at the facility unannounced to deliver complaint finding into the allegation listed above and met with Licensee, Lendour Pritchett. During the investigation, the Department conducted interviews, observations an reviewed documentation pertinent to the investigation.

CCL reviewed training documentation and conducted interviews with the resident and staff throughout the complaint investigation. Documents reviewed showed that staff had completed the 10 hour initial training which included First Aid/CPR. LPA observed the facility staff receive sufficient training at the time of hire and regular on-going training that are held yearly.

Due to this information the allegation is UNFOUNDED. A finding that the allegation is unfounded means that the allegation is false, could not have happened, and/or is without a reasonable basis.

Exit interview conducted. Copy of report sent to the Licensee.

Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Graham Gunby
LICENSING EVALUATOR SIGNATURE:
DATE: 07/16/2026

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