

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347005239

Report Date: 12/04/2025

Date Signed: 12/04/2025 02:42:43 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH 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 **12/02/2025** and conducted by Evaluator Kevin Gould

	COMPLAINT CONTROL NUMBER: 27-AS-20251202092407
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FACILITY NAME: GREENHAVEN ESTATES	FACILITY NUMBER: 347005239
ADMINISTRATOR: MORENO, ARLENE	FACILITY TYPE: 740
ADDRESS: 7548 GREENHAVEN DR	TELEPHONE: (916) 427-8887
CITY: SACRAMENTO	ZIP CODE: 95831
CAPACITY: 105	DATE: 12/04/2025
MET WITH: Arlene moreno	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	1) Staff does not ensure posted activities are conducted for residents in care.
2	2) Staff does not ensure food served is of good quality.
3	3) Staff allows use of tobacco products in the kitchen.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kevin Gould conducted an unannounced complaint inspection at Greenhaven Estates RCFE on 12/4/25 at 10:30am to inform the licensee of complaint allegations mentioned above and to deliver findings.
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5	Based on the interviews conducted during the investigation process and statements obtained during the investigation process, LPA Gould was unable to corroborate the allegations. During this investigation LPA Gould interviewed six (6) staff members. All kitchen staff present denied ever witnessing any individuals smoke in the kitchen or inside the facility. Facility Chef denied smoking in the facility or kitchen and denied ever witnessing any staff members smoking the in kitchen or facility. LPA conducted a walk through of the facility and observed food storage to meet regulations and LPA observed no spoiled or contaminated foods during the inspection.
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13	Report Continued on LIC 9099-C.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Czarrina A Camilon-Lee
LICENSING EVALUATOR NAME: Kevin Gould
LICENSING EVALUATOR SIGNATURE:

DATE: 12/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/04/2025

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 27-AS-20251202092407

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100
SACRAMENTO, CA 95827

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: GREENHAVEN ESTATES

FACILITY NUMBER: 347005239

VISIT DATE: 12/04/2025

NARRATIVE

1 LPA and administrator met and discussed the activities calendar posted in a central area of the facility.
2 LPA monitored and observed all calendar activities taking place at the facility. Per discussions with
3 Administrator LPA advised some revision to the activities calendar as some activities do overlap with
4 dining services times and want to encourage as many individuals attending activities. LPA reviewed
5 activities and determined the activities are meeting the requirements of regulations identified for planned
6 activities. LPA also provided suggestions on obtaining feedback from residents on activities and how to
7 get information from residents about new activities they may prefer.

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9 Although the allegation may have happened or is valid, there is not a preponderance of the evidence to
10 prove that the alleged violation occurred. The Department has determined that the allegations of
11 personal rights are **unsubstantiated** but if any additional information is received this complaint can be
12 amended and the finding can be changed.

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14 There are no deficiencies is cited per California Code of Regulations, TITLE 22.

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16 Exit interview was conducted with facility staff. Appeal Rights were issued, and a copy of this report was
17 left at the facility.
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SUPERVISORS NAME: Czarrina A Camilon-Lee
LICENSING EVALUATOR NAME: Kevin Gould
LICENSING EVALUATOR SIGNATURE:

DATE: 12/04/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/04/2025

LIC9099 (FAS) - (06/04)

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