

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 347005361

Report Date: 12/15/2025

Date Signed: 12/15/2025 04:20:43 PM

**Unfounded**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/20/2025** and conducted by Evaluator Kimberly Viarella

	<b>COMPLAINT CONTROL NUMBER: 27-AS-20250520123144</b>
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<b>FACILITY NAME:</b> SUMMERSET ASSISTED LIVING	<b>FACILITY NUMBER:</b> 347005361
<b>ADMINISTRATOR:</b> DANIELLE BARRY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2341 VEHICLE DR	<b>TELEPHONE:</b> (916) 330-1300
<b>CITY:</b> RANCHO CORDOVA	<b>ZIP CODE:</b> 95670
<b>CAPACITY:</b> 135	<b>DATE:</b> 12/15/2025
<b>MET WITH:</b> Terri Henry	<b>UNANNOUNCED TIME BEGAN:</b> 09:00 AM
	<b>TIME COMPLETED:</b> 04:30 PM

**ALLEGATION(S):**

1	Staff are not allowing resident to choose their own hospice agency.
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**INVESTIGATION FINDINGS:**

1	On 12/15/2025 Licensing Program Analyst (LPA) Kimberly Viarella made an unannounced visit to this facility to continue this investigation into the above allegation. LPA identified herself upon arrival, stated the purpose of the visit, and asked to speak to the Designated Facility Administrator/Executive Director (ED) Danielle Barry. Danielle Barry was not longer working at the facility. LPA met with Desingee, Terri Henry and a brief interview followed.
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7	LPA Observed holiday decorations upon entering the facility and staff were in the processing of removing taped train tracks off the carpeting in the main lobby after a morning activity. LPA also observed staff sporting holiday antlers with bells while they interacted with 2 residents in the front lounge area. Later during the visit, LPA observed 6 residents playing cards at a gaming table set up in the lobby with staff supervising while acting as dealer.
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13	Regarding the above allegation: Staff are not allowing resident to choose their own hospice agency.

<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Stephen Richardson  
**LICENSING EVALUATOR NAME:** Kimberly Viarella  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 12/15/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/15/2025

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-20250520123144

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:** SUMMERSET ASSISTED LIVING

**FACILITY NUMBER:** 347005361

**VISIT DATE:** 12/15/2025

### NARRATIVE

1 LPA conducted a review of files for residents on hospice during a visit on 5/21/25. LPA received the  
2 information for 14 Residents R1 - R14. 12 residents were receiving hospice services from hospice  
3 agency (H1), 1 (H2), and 1 from (H3).  
4  
5 From the list provided today, this LPA learned that there were 10 residents, 4 of whom were included on  
6 the original list, receiving hospice and that other residents had transitioned and were receiving hospice  
7 services now. A total of 6 were receiving hospice services from H1, 1 from H3, 1 from H4, 1 from (H5),  
8 and 1 from (H6).  
9  
10 LPA conducted 4 phone interviews with the responsible parties for 4 residents: (R1, R2, R3, and R19).  
11 None of the responsible parties interviewed stated that they were not allowed to choose their own  
12 hospice agency.  
13  
14 The standard for the preponderance of evidence was not met and the department determined the  
15 allegation to be UNFOUNDED. A determination of unfounded means that the allegation was false, could  
16 not have happened, and/or is without a reasonable basis.  
17  
18 According to the California Code of Regulations Title 22, there were no other deficiencies observed or  
19 cited during today's visit. A copy of this report was provided and an exit interview was conducted with  
20 Designee,  
21 Terri Henry.  
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**SUPERVISORS NAME:** Stephen Richardson  
**LICENSING EVALUATOR NAME:** Kimberly Viarella  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 12/15/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/15/2025

LIC9099 (FAS) - (06/04)

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