

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347005580
Report Date: 03/17/2023
Date Signed: 03/17/2023 02:53:50 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 2525 NATOMAS PARK DR STE 270 SACRAMENTO, CA 95833
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/08/2023** and conducted by Evaluator Cassie Yang

	COMPLAINT CONTROL NUMBER: 59-AS-20230308110622
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FACILITY NAME: MOUNTAIN MANOR SENIOR RESIDENCE	FACILITY NUMBER: 347005580
ADMINISTRATOR: DARRELL PRICE	FACILITY TYPE: 740
ADDRESS: 6101 FAIR OAKS BLVD	TELEPHONE: (916) 488-7211
CITY: CARMICHAEL	STATE: CA
CAPACITY: 33	ZIP CODE: 95608
MET WITH: Darrell Price	CENSUS: UNANNOUNCED
	DATE: 03/17/2023
	TIME BEGAN: 01:40 PM
	TIME COMPLETED: 03:05 PM

ALLEGATION(S):

1	Resident caused injuries to another resident in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Cassie Yang arrived unannounced on 3/17/2023 to open and deliver
2	the findings of a complaint the Department received regarding the allegation cited above. LPA met with
3	Administrator, Darrell Price and explained the purpose of the visit. LPA wore the following Personal
4	Protective Equipment: surgical mask. Additionally, LPA was screened and tested at entrance by staff.
5	
6	During today's visit, Administrator informed LPA the incident occurred at skilling nursing facility, not in the
7	assist living unit. LPA informed Administrator CCLD does not regulate skilled nursing, it will be public
8	health. Administrator stated public health was informed of the incident and has come out retrieve
9	documents.
10	
11	Based on the interview conducted, LPA found the complaint was unfounded, meaning that the allegation
12	was false, could not have happened and/or is without a reasonable basis.
13	Exit Interview conducted and a copy of the report was left at the facility.

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez

NAME OF LICENSING PROGRAM ANALYST: Cassie Yang

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/17/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/17/2023

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