

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 390312403
Report Date: 09/02/2026
Date Signed: 09/02/2026 11:22:15 PM

Substantiated

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 **05/26/2026** and conducted by Evaluator Albert Johnson

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260526154628
--------	--

FACILITY NAME:	GOLDEN HAVEN	FACILITY NUMBER:	390312403
ADMINISTRATOR:	ROWENA RAMIREZ	FACILITY TYPE:	740
ADDRESS:	2324 LEVER BLVD.	TELEPHONE:	(209) 464-4743
CITY:	STOCKTON	ZIP CODE:	95206
CAPACITY:	150	DATE:	09/02/2026
		UNANNOUNCED TIME BEGAN:	12:00 PM
MET WITH:	C. Rodacher	TIME COMPLETED:	03:04 PM

ALLEGATION(S):

1	Staff are not allowing resident visitations.
2	Staff do not afford resident privacy.
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 09/2/2026, Licensing Program Analyst (LPA) Albert Johnson arrived unannounced at this facility to conduct a complaint visit. LPA met with Staff Members and explained the purpose of the visit.
2	
3	
4	Based on interviews, records reviewed, and regulatory requirements, the allegation that Golden Haven violated the personal rights of R1 is substantiated. Although the Public Guardian's Office issued visitation restrictions without judicial approval, the facility implemented the restrictions believing they were authorized. No evidence supports that the facility knowingly or willfully violated personal rights. The investigation included interviews with facility staff, the administrator, the Public Guardian's Office, and family members. Licensing also reviewed conservatorship documents, facility policies, resident records, and the July 09, 2026 visitation directive issued by the Public Guardian's Office. The Public Guardian's Office submitted a letter imposing visitation restrictions; however, no court order, judicial approval, or conservatorship condition authorizing limitations on personal rights was provided. The facility implemented the restrictions based solely on the Public Guardian's directive.
5	
6	
7	
8	
9	
10	
11	
12	
13	
	Based on interviews and records reviewed, the allegation is substantiated. As a result of this investigation, the Department finds this allegation to be Substantiated. A finding that the complaint is

substantiated means that the allegation is valid because the preponderance of the evidence standard has been met. Deficiency cited on the LIC 9099-D page, per Title 22 Regulations.

Substantiated

Estimated Days of Completion: 0

SUPERVISORS NAME: Lisa Rios

LICENSING EVALUATOR NAME: Albert Johnson

LICENSING EVALUATOR SIGNATURE:

DATE: 09/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/02/2026

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

LIC9099 (FAS) - (06/04)

Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH 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

05/26/2026 and conducted by Evaluator Albert Johnson

COMPLAINT CONTROL NUMBER: 27-AS-
20260526154628

FACILITY NAME: GOLDEN HAVEN

FACILITY 390312403

NUMBER:

ADMINISTRATOR: ROWENA RAMIREZ

FACILITY TYPE: 740

ADDRESS: 2324 LEVER BLVD.

TELEPHONE: (209) 464-4743

CITY: STOCKTON

STATE: CA

ZIP CODE: 95206

CAPACITY: 150

CENSUS:

DATE: 09/02/2026

MET WITH: C. Rodacher

UNANNOUNCED

TIME BEGAN: 12:00 PM

TIME

COMPLETED: 03:04 PM

ALLEGATION(S):

1 Staff is over medicating resident.

2

3

4

5

6

7

8

9

INVESTIGATION FINDINGS:

1 Based on interviews, records reviewed, and observations, the allegation that staff over-medicated the
2 resident is unfounded. The RP's concerns were based on observations during visits; however, no
3 evidence supports that staff administered medication improperly or in excess. All medication practices
4 were found to be consistent with physician orders and regulatory requirements.

5

6 RP observed his father appearing unusually sedated; however, RP did not know the medications being
7 administered and did not review medical records.

8 Facility records show no evidence of over-medication, unauthorized medication administration, or
9 deviations from physician orders.

10 Staff interviews consistently reported that medications are administered as prescribed and that the
11 resident has not exhibited signs of excessive sedation.

12 Conservatorship office confirmed no concerns regarding medication practices.

13 No evidence supports that the resident was over-medicated or that staff administered medication outside
of physician direction.

Based on statements obtained, records review and observations during the investigation process, LPA was unable to corroborate the allegations. The investigation revealed the preponderance of evidence standards have not been met; therefore, the above allegations are found to be UNSUBSTANTIATED. A finding that the complaint allegations are UNSUBSTANTIATED means that although the allegations may have happened or are valid, there is not a preponderance of the evidence to prove that the alleged violation(s) occurred.

SUPERVISORS NAME: Lisa Rios

LICENSING EVALUATOR NAME: Albert Johnson

LICENSING EVALUATOR SIGNATURE:

DATE: 09/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/02/2026

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

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 27-AS-20260526154628

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: GOLDEN HAVEN

FACILITY NUMBER: 390312403

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/02/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/16/2026 Section Cited CCR 87468.1(1)(10)	1 87468.1 (1) To be accorded dignity in 2 their personal relationships with staff, 3 residents, and other persons. 4 (10) To be informed of the licensee's 5 policy concerning visits and other 6 communications with residents, 7 according to Health and Safety Code section 1569.313.	1 The facility will obtain an court order 2 signed by a judge to implement the 3 restrictions outline in the complaint 4 allegations. This will be provided to the 5 department by the POC date 9/16/2026 6 7
	8 This requirement is not met as 9 evidenced by a letter imposing visitation 10 restrictions; however, no court order, 11 judicial approval, or conservatorship 12 condition authorizing limitations on 13 personal rights was provided. 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Lisa Rios

LICENSING EVALUATOR NAME: Albert Johnson

LICENSING EVALUATOR SIGNATURE:

DATE: 09/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/02/2026