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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 392700640
Report Date: 04/03/2026
Date Signed: 05/04/2026 05:14:09 PM

Unsubstantiated

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 **01/20/2026** and conducted by Evaluator Albert Johnson

	COMPLAINT CONTROL NUMBER: 27-AS-20260120135713

FACILITY NAME:	COURTYARD AT RIO LAS PALMAS, THE			**FACILITY NUMBER:**	392700640
ADMINISTRATOR:	GUERRERO, LIZETH			**FACILITY TYPE:**	740
ADDRESS:	877 EAST MARCH LANE			**TELEPHONE:**	(209) 957-4711
CITY:	STOCKTON	**STATE:** CA		**ZIP CODE:**	95207
CAPACITY:	80	**CENSUS:** 53		**DATE:**	04/03/2026
		UNANNOUNCED		**TIME BEGAN:**	01:30 PM
MET WITH:	L. Guerrero			**TIME COMPLETED:**	03:00 PM

ALLEGATION(S):

1	Facility is operating outside of license terms and conditions
2	Staff overcharged resident in care
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INVESTIGATION FINDINGS:

1	Allegation: Facility is operating outside of license terms and conditions. Based on records reviewed the
2	facility is operating within the scope of the license. The information provided in the Physician's reports
3	and hospice notes for the residents in question does not support the alleged. The residents were on
4	hospice and were receiving service from the hospice agency. The mandate to report information is
5	required during the time of employment and is not to be used as retaliation. The allegation is
6	unsubstantiated.
7	
8	Allegation: Staff overcharged resident in care. Records reviewed confirm that the facility is charging for
9	services provided based on assessments. The information reviewed outline the needs and services for
10	each resident reviewed and is up-to-date. The alleged misconduct was an agreement between the
11	resident /resident's family and the facility to place a hold on the apartment until that resident was ready to
12	return from her medical emergency and back to baseline.
13	
	The allegations are unsubstantiated.

Unsubstantiated	**Estimated Days of Completion: 0**

SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Albert Johnson
LICENSING EVALUATOR SIGNATURE:
DATE: 04/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/03/2026

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