

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 392700993

Report Date: 10/20/2025

Date Signed: 10/24/2025 02:08:11 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/17/2025** and conducted by Evaluator Albert Johnson

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20250717093320
---------------	---

FACILITY NAME: A1 DEL MONTE STOCKTON	FACILITY NUMBER: 392700993
ADMINISTRATOR: SANDEEP SAINI	FACILITY TYPE: 740
ADDRESS: 517 E. FULTON STREET	TELEPHONE: (209) 910-5910
CITY: STOCKTON	ZIP CODE: 95204
CAPACITY: 158	DATE: 10/20/2025
MET WITH: Sunny S.	UNANNOUNCED TIME BEGAN: 01:16 PM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff unlawfully evicted the residents
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	LPA Albert Johnson made an unannounced visit to deliver complaint findings for the allegation listed above.
2	
3	
4	LPA interviewed Staff and Clients. As a result of the interviews and facility visits, LPA learned that the resident was smoking in the room while on oxygen this is an immediate health and safety risk to all residents in care. R1 was sent out to the ER to be treated for COVID. R1 did not return to the facility, R1 was discharged to a skilled nursing facility and required a higher level of care. An eviction letter was given to the resident. As a result of the need for a higher level of care R1 will be discharged to a facility that can meet R1's needs.
5	
6	
7	
8	
9	
10	
11	
12	
13	

Unfounded	Estimated Days of Completion: 0
------------------	--

SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Albert Johnson
LICENSING EVALUATOR SIGNATURE:

DATE: 10/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/20/2025

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 2

Control Number 27-AS-20250717093320

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: A1 DEL MONTE STOCKTON

FACILITY NUMBER: 392700993

VISIT DATE: 10/20/2025

NARRATIVE

1 R2 received multiple requested from the facility and corrective actions to stop drinking alcohol in the
2 room along with smoking in the room. This is a safety risk regarding alcohol and fire to all residents in
3 care. R2 moved out of the facility on September 11, 2025 and back to Sacramento, California.
4
5 As a result of this investigation, the department finds allegation to be (U) Unfounded - A finding that the
6 complaint is Unfounded means that the allegation is false, could not have happened, and/or is without a
7 reasonable basis.
8
9 An exit interview was conducted with Administrator/licensee and a copy of this report was provided to
10 the licensee.
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Albert Johnson
LICENSING EVALUATOR SIGNATURE:

DATE: 10/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/20/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 2