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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 392701540
Report Date: 02/10/2026
Date Signed: 02/10/2026 01:36:24 PM

Substantiated

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 **01/09/2026** and conducted by Evaluator Arielle Pascua

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260109150634

FACILITY NAME:	LIVING GRACE ASSISTED LIVING AND MEMORY CARE			**FACILITY NUMBER:**	392701540
ADMINISTRATOR:	FARIAL SHOKOOR			**FACILITY TYPE:**	740
ADDRESS:	1960 WEST LOWELL AVENUE			**TELEPHONE:**	(209) 833-2200
CITY:	TRACY	**STATE:** CA		**ZIP CODE:**	95376
CAPACITY:	88	**CENSUS:** 68		**DATE:**	02/10/2026
		UNANNOUNCED		**TIME BEGAN:**	12:49 PM
MET WITH:	Farial Shokoor			**TIME COMPLETED:**	02:00 PM

ALLEGATION(S):

1	Staff do not follow infection control protocols.
2	Staff did not report a facility outbreak as required.
3	Emergency gate is locked
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INVESTIGATION FINDINGS:

1	On 2/10/2026, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to
2	deliver complaint findings. LPA Pascua met with Facility Designated Administrator (FDA), Farial Shokoor
3	and explained the purpose of the visit.
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5	Current census was 68. A brief interview with FDA Shokoor was conducted.
6	Allegation: Staff do not follow infection control protocols
7	It was alleged that staff do not follow infection control protocols. During the course of the investigation,
8	the department conducted interviews, observations, and reviewed facility records. Based on the
9	information gathered was determined that on December 30, 2025, facility staff identified two residents
10	with red, itchy rashes. On January 8, 2026, an additional six residents residing in the same area of the
11	facility were identified with similar symptoms. On January 8, 2026, the facility physician evaluated the
12	affected residents and identified the condition as suspected scabies, issuing prescription treatment
13	orders. However, treatment was not initiated until approximately January 11, 2026.

Substantiated	Estimated Days of Completion:

SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Arielle Pascua
LICENSING EVALUATOR SIGNATURE:
DATE: 02/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 02/10/2026

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

Control Number 27-AS-20260109150634

FACILITY NAME: LIVING GRACE ASSISTED LIVING AND MEMORY CARE **FACILITY NUMBER:** 392701540

VISIT DATE: 02/10/2026

NARRATIVE

The facility did not promptly implement environmental infection control measures, as deep cleaning of the affected area was not conducted until January 9, 2026. Facility staff reported this delay was due to a lack of sufficient cleaning supplies.

On January 25, 2026, an unannounced visit was conducted by Licensing Program Analyst (LPA) Pascua. During the visit, no signage was observed indicating a suspected outbreak or isolation precautions within the affected area of the facility.

Interviews with staff and management revealed the facility did not maintain or follow a definitive infection control protocol. Staff reported reliance on general infection prevention knowledge from trainings received years prior and not specific to facility policies. Facility management acknowledged they were unaware of which infection control procedures to implement and stated they had not been provided with guidance. In addition, facility staff were given a copy of the facilities infection control protocol and facility staff stated they have never seen the infection control protocol during their time at the facility. However, a review of the facilities LIC9282 EMERGENCY INFECTION CONTROL PLAN states that a review was conducted by the Facility Administrator on 09/30/2025.

Further interviews revealed the facility did not notify Local Public Health and Licensing of the suspected outbreak, citing the absence of a confirmed diagnosis. However, per the Facility Regional Nurse, infection control protocols are to be initiated immediately upon identification of suspected cases, and notification to Local Public Health and Licensing is required upon medical diagnosis. Additional interviews confirmed the facility did not implement infection control protocols until additional residents developed rashes.

Based on the information gathered, the facility did not follow infection control protocols.

As a result of this investigation, the department found the allegations to be SUBSTANTIATED - A finding that the complaint was Substantiated meant that the allegation was valid because the preponderance of the evidence standard had been met.

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Control Number 27-AS-20260109150634

NARRATIVE

Allegation: Staff did not report a facility outbreak as required.

It was alleged that staff do not report a facility outbreak as required. During the investigation, it was determined that on December 30, 2025, facility staff identified two residents with red, itchy rashes. On January 8, 2026, an additional six residents residing in the same area of the facility were identified with similar symptoms. On that same date, the facility physician evaluated the affected residents, identified the condition as suspected scabies, and issued prescription treatment orders. On January 14, 2026, LPA Pascua received an email from the facility reporting a skin outbreak. However, subsequent interviews revealed that the facility had not reported the suspected cases to state licensing or local public health, as the cases had not been confirmed. Further interviews with facility management indicated they were unaware of the requirement to report suspected cases. A review of the facility's Plan of Operation states that any suspected cases must be reported to local public health in accordance with Title 22 regulations.Based on the information gathered, the facility staff did not report a facility outbreak as required.

As a result of this investigation, the department found the allegations to be SUBSTANTIATED - A finding that the complaint was Substantiated meant that the allegation was valid because the preponderance of the evidence standard had been met.

Allegation: Emergency gate is locked

It was alleged that the emergency gate is locked. During the course of this investigation, the department conducted interviews and conducted a facility tour. Based on interviews conducted, it was admitted by the facility staff that the emergency gate was held by a pad lock and chain to prohibit the residents from leaving the facility. In addition, the facility staff stated that the Local Fire Department inspector did come to the facility and stated that they need to remove the lock on the gate and was not permitted to be locked. A tour of the facility was conducted which confirmed that there was a chain and lock on the facility gate. Based on the information gathered, the emergency gate was locked. As a result of this investigation, the department found the allegations to be SUBSTANTIATED - A finding that the complaint was Substantiated meant that the allegation was valid because the preponderance of the evidence standard had been met.

The following deficiencies were cited on the following LIC 9099-D pursuant to Title 22 Rules and Regulations, Division 6 and Health and Safety Codes.

An immediate civil penalty was issued for Section 87203 Fire Safety. An exit interview was conducted and a copy of this report and appeals rights was provided to the facility at the end of this visit.

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PUBLIC

COMPLAINT CONTROL NUMBER: 27-AS-20260109150634

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ADMINISTRATOR:	FARIAL SHOKOOR			**FACILITY TYPE:**	740
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CAPACITY:	88	**CENSUS:**	68	**DATE:**	02/10/2026
			UNANNOUNCED	**TIME BEGAN:**	12:49 PM
MET WITH:	Farial Shokoor			**TIME COMPLETED:**	02:00 PM

ALLEGATION(S):

1	Facility call light system is in disrepair
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INVESTIGATION FINDINGS:

1	On 2/06/2026, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to
2	deliver complaint findings. LPA Pascua met with Facility Designated Administrator (FDA), Farial Shokoor
3	and explained the purpose of the visit.
4	
5	Current census was 68. A brief interview with FDA Shokoor was conducted.
6	
7	It was alleged that the facility call light system is in disrepair. During the course of this investigation, the
8	department conducted interviews and reviewed facility records. Based on interviews conducted, it was
9	denied by staff that the facility call light system is in disrepair. An interview with 5 residents were
10	conducted, 1 out 5 residents state that their call button does not work but has gotten remedies from the
11	facility. 4 out 5 resident report no issues. Based on the information gathered, there is not sufficient
12	evidence to prove that the facility call light system is in disrepair.
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Lisa Rios
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VISIT DATE: 02/10/2026

NARRATIVE

1	Based on statements obtained, records review and observations during the investigation process, LPA
2	was unable to corroborate the allegations. The investigation revealed the preponderance of evidence
3	standards have not been met; therefore, the above allegations are found to be UNSUBSTANTIATED. A
4	finding that the complaint allegations are UNSUBSTANTIATED means that although the allegations may
5	have happened or are valid, there is not a preponderance of the evidence to prove that the alleged
6	violation(s)occurred.
7	An exit interview was conducted and a copy of this report was provided to the facility at the end of this
8	visit.
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

FACILITY NAME: LIVING GRACE ASSISTED LIVING AND MEMORY CARE
FACILITY NUMBER: 392701540
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: 02/10/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 02/11/2026 **Section Cited** CCR 87370(a)	1 2 3 4 5 6 7	(a) A licensee shall ensure that infection control practices are maintained as follows: This is not met as evidenced by: Based on observation, interview, and record review, the facility did not ensure that infection control practices were followed as stated in the facilities infection control plan.	1 2 3 4 5 6 7	A statement of correction, along with proof of staff training from an outside vendor for no less than (1) hour in duration, for the cited section will be completed and submitted to the LPA's email at arielle.pascua@dss.ca.gov. by the due date.
	8 9 10 11 12 13 14		8 9 10 11 12 13 14	Information submitted must include attendees, trainers, and information discussed.

Type A 02/11/2026 **Section Cited** CCR 87211(a)(2)	1 2 3 4 5 6 7	(2) Occurrences, such as epidemic outbreaks, poisonings, catastrophes or major accidents which threaten the welfare, safety or health of residents, personnel or visitors, shall be reported within 24 hours either by telephone or facsimile to the licensing agency and to the local health officer when appropriate.	1 2 3 4 5 6 7	A statement of correction, along with proof of staff training from an outside vendor for no less than (1) hour in duration, for the cited section will be completed and submitted to the LPA's email at arielle.pascua@dss.ca.gov. by the due date.
	8 9 10 11 12 13 14	This is not met as evidenced by: Based on observation, interview, and record review, the facility did not ensure that the facility outbreak was reported to licensing within 24 hours upon notification of suspected scabies outbreak. This poses an immediate health, safety, and personal rights risks to persons in care.	8 9 10 11 12 13 14	Information submitted must include attendees, trainers, and information discussed.

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

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LICENSING EVALUATOR SIGNATURE:
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DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: 02/10/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 02/11/2026 **Section Cited** CCR 87203	1 2 3 4 5 6 7	All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the protection of life and property against fire and panic. This is not met as evidenced by: Based on observation, interview and record review the licensee did not maintain proper fire clearance	1 2 3 4 5 6 7	Administrator shall provide a statement of acknowledgement to this LPA by POC date. LPA Pascua acknowledged that the padlock was removed prior to this visit.
	8 9 10 11 12 13 14	by padlocking the outside emergency gate near the parking lot. This poses an immediate health, safety, and personal rigths risks to persons in care.	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.

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