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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 392701540
Report Date: 07/30/2026
Date Signed: 07/31/2026 04:04:57 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 **06/19/2026** and conducted by Evaluator Charlie Yang

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260619085615

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:**	07/30/2026
		UNANNOUNCED		**TIME BEGAN:**	03:00 PM
MET WITH:	Farial Shokoor			**TIME COMPLETED:**	04:00 PM

ALLEGATION(S):

1	Staff do not prevent the spread of gastrointestinal illness
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INVESTIGATION FINDINGS:

1	Unannounced complaint visit made out to this facility on 07/30/2026 by Licensing Program Analyst (LPA)
2	Charlie Yang who was met by the facility designated Administrator Farial Shokoor. A brief interview was
3	conducted with the facility designated Administrator at this time.
4	Current census was 68 residents.
5	The purpose of this visit was to deliver the findings from this complaint investigation to this facility, and it's
6	representative, at this time.
7	Based on a review of the forms and documents gathered during the course of this investigation, it was
8	learned that there were a total of 12 facility residents affected with some sort of gastrointestinal illness.
9	It was learned that the first case appeared on Mother's Day weekend but symptoms and the effects of the
10	illness would only last for 24 hours. It was learned that the resident would experience the illness and
11	recover after isolation, proper hydration, and minimal medication.
12	It was learned that the issue for containment came about with the spread of the illness since it was
13	rampant for about 8 days from the initial case.

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Liza King
LICENSING EVALUATOR NAME: Charlie Yang
LICENSING EVALUATOR SIGNATURE:
DATE: 07/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/30/2026

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

Control Number 27-AS-20260619085615

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

VISIT DATE: 07/30/2026

NARRATIVE

It was learned that a resident with the illness would be isolated and recover after 24 hours but somehow another resident, or staff person, would then contract the gastrointestinal illness and repeat the whole cycle for another 24 hours.
It was learned that this facility, and it's personnel, did follow their Infection Control Plan and utilized universal precautions and deployed Personal Protective Equipment (PPE) during this time period. It was learned that masks, gloves, and gowns were made available and used by facility personnel while dealing with infected residents.
It was learned that notifications in regards to this facility wide illness were reported to the appropriate agencies with corresponding documentation of facility staff, residents, and policies and procedures that were being deployed to mitigate this illness.

As a result of this investigation, this Department found the allegation to be UNSUBSTANTIATED. A complaint allegation finding of Unsubstantiated meant that although the allegation may have happened or was valid, there was not a preponderance of the evidence to prove that the alleged violation occurred.

There were no deficiencies observed or cited at this time.

Exit Interview

SUPERVISORS NAME: Liza King
LICENSING EVALUATOR NAME: Charlie Yang
LICENSING EVALUATOR SIGNATURE:
DATE: 07/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/30/2026