

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 045002441
Report Date: 04/28/2026
Date Signed: 04/28/2026 09:54:11 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH 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 **06/26/2025** and conducted by Evaluator Kayla Adkison

PUBLIC	COMPLAINT CONTROL NUMBER: 59-AS-20250626121539
FACILITY NAME: AMBER GROVE PLACE	FACILITY NUMBER: 045002441
ADMINISTRATOR: REITZ, BRENDA	FACILITY TYPE: 740
ADDRESS: 3049 ESPLANADE	TELEPHONE: (530) 826-3226
CITY: CHICO	ZIP CODE: 95973
CAPACITY: 70	DATE: 04/28/2026
	UNANNOUNCED TIME BEGAN: 09:00 AM
MET WITH: Kristi Bracisco, HR and Talent Coordiantor	TIME COMPLETED: 10:30 AM

ALLEGATION(S):

1	Staff does not ensure adequate supervision is being provided to residents in care
2	Staff did not ensure resident was fully clothed while in care
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INVESTIGATION FINDINGS:

1	On April 28, 2026, Licensing Program Analyst (LPA) Kayla Adkison arrived at the facility unannounced for the purpose pf delivering complaint findings. LPA was greeted by Human Resources and Talent
2	Coordinator, Kristi Bracisco, and explained the purpose of the visit. During the visit, there were 53
3	residents and 7 staff providing direct care.
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6	During the course of the investigation, interviews were conducted, observations were made, and
7	pertinent records were reviewed.
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9	Continued on LIC 9099-C
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lauren Crocker	
LICENSING EVALUATOR NAME: Kayla Adkison	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/28/2026

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
Control Number 59-AS-20250626121539

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: AMBER GROVE PLACE	FACILITY NUMBER: 045002441
	VISIT DATE: 04/28/2026

NARRATIVE	
1	<u>Allegation: Staff does not ensure adequate supervision is being provided to residents in care</u>
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4	It was alleged that staff were not providing adequate care and supervision to residents by not regularly
5	checking on residents' whereabouts in the facility. According to the complaint, a visitor arrived at the
6	facility and staff were unable to locate the resident the visitor was there to meet with. The resident was
7	later located in their room taking a nap. The visitor claimed staff were unable to provide any details
8	regarding the residents' previous whereabouts and actions.
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10	LPA conducted interviews separately with three (3) staff members who were present on the day of the
11	above incident and all of whom stated the allegations were inaccurate. All staff stated that on the day of
12	the incident described above, R1 had just finished their lunch and had indicated to staff that they would
13	prefer to rest in the afternoon, rather than participate in activities as they usually did. A family member of
14	R1 had arrived to the facility and was unable to locate the resident in the activities room or any other
15	common areas. R1's bedroom door was closed and locked as well to prevent other residents from
16	potentially disturbing R1 during their nap.
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18	All staff interviewed noted the family member had arrived during the PM shift change at the facility, thus,
19	when R1's family member asked several staff where they could find R1, oncoming staff responded with
20	"I don't know." S1, who had been at the facility prior to shift change and remained at the facility during
21	the incident, explained to the family member that R1 was in their room and other staff were unaware of
22	R1's whereabouts as they had just arrived for their shifts. S1 allowed the family member into S1's room
23	where they were still napping.
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25	Although the allegation may have happened, the preponderance of evidence has not been met.
26	Therefore, the allegation is UNSUBSTANTIATED.
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28	Continued on LIC 9099-C
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LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 59-AS-20250626121539

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE
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**COMPLAINT INVESTIGATION REPORT
(Cont)**

ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: AMBER GROVE PLACE

FACILITY NUMBER: 045002441

VISIT DATE: 04/28/2026

NARRATIVE

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Allegation: Staff did not ensure resident was fully clothed while in care

It was further alleged that staff were not properly assisting R1 with dressing for the day, as indicated in R1's care plan.

LPA conducted interviews separately with three (3) staff members who were present on the day of the above incident and all of whom stated the allegations were inaccurate. Staff were in agreeance that R1 had requested to go to their room to rest following lunch. All staff reported that staff had provided R1 with a shower prior to having R1 lay down in their bed. S1 further reported that R1 had requested to lay down without pants on for comfort and R1's clothing was placed next to their bed so R1 could be assisted with re-dressing once they had woken up.

LPA reviewed facility shower logs and confirmed R1 was provided a shower from an AM shift (6:00 am – 3:00 pm) staff person on the same day as the allegation. Further, facility progress notes indicated that the resident did in fact have a visitor that afternoon, left the facility accompanied by family, and returned to the facility around dinner time where they then returned to their room to rest and watch television.

Although the allegation may have happened, the preponderance of evidence has not been met. Therefore, the allegation is UNSUBSTANTIATED. Exit interview conducted. A copy of this report was provided to Executive Director, Stacey Baxter, via email.

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LICENSING EVALUATOR NAME: Kayla Adkison	
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