

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486803710
Report Date: 05/15/2025
Date Signed: 05/15/2025 12:36:41 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/13/2025** and conducted by Evaluator Shannan Hansen

	COMPLAINT CONTROL NUMBER: 21-AS-20250213151746
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FACILITY NAME: PARAMOUNT HOUSE SENIOR LIVING	FACILITY NUMBER: 486803710
ADMINISTRATOR: SAMANIEGO, AGUSTIN	FACILITY TYPE: 740
ADDRESS: 2061 PEABODY RD	TELEPHONE: (707) 455-0300
CITY: VACAVILLE	STATE: CA ZIP CODE: 95687
CAPACITY: 95	CENSUS: 79 DATE: 05/15/2025
MET WITH: Agustín Samaniego, Administrator	UNANNOUNCED TIME BEGAN: 08:45 AM
	TIME COMPLETED: 12:45 PM

ALLEGATION(S):

1	Personal Rights, facility is not answering phone line
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INVESTIGATION FINDINGS:

1	On 5/15/2025, Licensing Program Analyst (LPA) Shannan Hansen arrived unannounced to deliver
2	complaint investigation findings regarding the above alligation and met with Agustín Samaniego,
3	Administrator.
4	
5	Personal Rights, facility is not answering phone line- Complainant alleges resident has to make several,
6	described as four to five attempts, calls prior to receiving a response from staff. Additionally, when
7	resident calls are not answered are sent to the answering machine. Further review of investigation
8	revealed response time is also referring to call bells. During the investigation LPA called facility line over 5
9	times lastly 5/14/2025 at 4:18pm and was answered on the first ring and was answered every time prior.
10	LPA conducted interviews with residents and staff. Interviews with Administrator and RSD indicated staff
11	should respond to a residents call within 15 minutes. Documents obtained confirmed that over a 1-month
12	period (1/5/25 -2/20/25), R1 waited 15 minutes or more 57 times before receiving staff assistance, 7 of
13	which were for wait times greater than 30 minutes.
	Continue on LIC9099C

Substantiated Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers
NAME OF LICENSING PROGRAM ANALYST: Shannan Hansen
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 05/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 05/15/2025

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 4

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COMPLAINT INVESTIGATION REPORT
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100
SANTA ROSA, CA 95405

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CAPACITY: 95 **CENSUS:** **DATE:** 05/15/2025
MET WITH: Agustin Samaniego, Administrator **UNANNOUNCED TIME BEGAN:** 08:45 AM
COMPLETED: 12:45 PM

- ALLEGATION(S):**
- 1 Resident incontinent care needs not met
 - 2 Facility did not safeguard resident's personal belongings
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 - 4
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INVESTIGATION FINDINGS:

1 On 5/15/2025, Licensing Program Analyst (LPA) Shannan Hansen arrived unannounced to deliver
2 complaint investigation findings regarding the above alligations and met with Agustin Samaniego,
3 Administrator.
4
5 Resident incontinent care needs not met- Reporting Party alleges, due to staff not cleaning resident
6 properly is related to resident's repeated urinary tract infections. LPA conducted facility visits on
7 2/20/2025, 5/1/2025, and 5/15/2025, conducted interviews with staff, residents, and outside parties,
8 made observations, and obtained documents. Interview with resident (R1) and hospital discharge records
9 from 2/9/2025-.2/14/2025 (implanted stent & removal of kidney stones);5/10/2025;and 5/13/2025, which
10 confirm that R1 has a known, documentd history of UTIs as the reult of kidney stones and is currently
11 working with their physicians to address this recurrent issue. LPAs observation on 5/15/2025 R1 has
12 Home Health Aid providing bathing, cleaing, changing services 2X per week for 5.5 hours since mid April,
13 2025.
Continue on LIC9099-C

Unsubstantiated Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers
NAME OF LICENSING PROGRAM ANALYST: Shannan Hansen
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 05/15/2025

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

LIC9099 (FAS) - (06/04)

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: PARAMOUNT HOUSE SENIOR LIVING

FACILITY NUMBER: 486803710

VISIT DATE: 05/15/2025

NARRATIVE

1 Continued from LIC9099-A

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3 Per complaint investigation 21-AS-20241113104034 Unsubstantiated investigation findings; Additionally,
4 LPA confirmed that requests for assistance, including assistance with incontinent care, over the last
5 month were addressed within an average response time of 13 minutes, and LPA observed documented
6 bathing and prei-care refusals at least 4 times between 10/14/2024 and 12/1/2024. Therefore
7 allegations are Unsubstantiated.

8

9 Facility did not safeguard resident's personal belongings - Reporting party alleges residents laptop was
10 stolen by staff during a period of hospitalization. Interviews and documents of emails with Administrator
11 and staff revealed facility is following theft protocols. Per resident (R1) an investigation was conducted
12 but the tablet was not located so they bought a new one. This allegation was previously reported to
13 police November 2024, 24-09054 and determined allegation unfounded.

14

15 Based on record review, interviews conducted, and observations made, the allegations of Resident
16 incontinent care needs not met and Facility did not safeguard resident's personal belongings are
17 UNSUBSTANTIATED. A finding that the complaint allegations are unsubstantiated means that although
18 the allegations may have happened or are valid, there is not a preponderance of evidence to prove that
19 alleged violation(s) did or did not occur, therefore the allegations are **UNSUBSTANTIATED**.

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No Deficiencies cited for complaint.

Exit interview conducted. Copy of report discussed and provided to Administrator. Signature on form confirms receipt of documents.

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers

NAME OF LICENSING PROGRAM ANALYST: Shannan Hansen

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/15/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/15/2025

LIC9099 (FAS) - (06/04)

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NARRATIVE

1 Continued from LIC9099
2

3 Therefore allegation *facility is not answering phone line (call bells)* is **Substantiated**. LPA has delivered
4 Substantiated findings on same allegation for 21-AS-20250210132414 today and cited. Therefore there
5 will be no citations on this one.
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7 Based on interviews conducted, observations made, and record review, the allegation listed above is
8 SUBSTANTIATED. A finding that complaint allegations are substantiated means that the allegation is
9 valid because the preponderance of the evidence standard has been met, therefore the allegation is
10 **SUBSTANTIATED**.
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12 Exit interview conducted. Copy of report discussed and provided to Licensee, whose signature on form
13 confirms receipt of documents. Appeal Rights Provided.
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