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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502700235
Report Date: 06/30/2026
Date Signed: 07/03/2026 04:59:25 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 **05/18/2026** and conducted by Evaluator Charlie Yang

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260518154050

FACILITY NAME:	EL RIO MEMORY CARE COMMUNITY			**FACILITY NUMBER:**	502700235
ADMINISTRATOR:	THERESA PETTAPIECE			**FACILITY TYPE:**	740
ADDRESS:	2828 HEALTHCARE WAY			**TELEPHONE:**	(209) 543-3805
CITY:	MODESTO	**STATE:** CA		**ZIP CODE:**	95356
CAPACITY:	72	**CENSUS:** 56		**DATE:**	06/30/2026
		UNANNOUNCED		**TIME BEGAN:**	12:30 PM
MET WITH:	Reshmika Sharma			**TIME COMPLETED:**	02:30 PM

ALLEGATION(S):

1	Licensee is not addressing a scabies outbreak at the facility.
2	
3	Staff are not following reporting protocols as necessary.
4	
5	Facility does not have adequate supply of PPE for staff
6	
7	Staff do not ensure infection control guidelines are being followed
8	
9	

INVESTIGATION FINDINGS:

1	Unannounced complaint visit made out to this facility on 06/30/2026 by Licensing Program Analyst (LPA)
2	Charlie Yang who was met by the facility designated representative, Reshmika Sharma, who was briefly
3	interviewed at this time.
4	Current census was 55 residents.
5	The purpose of this visit was to deliver the findings to this facility, and its representative, in regards to the
6	above allegations 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 Personal Protective Equipment (PPE) were purchased on a monthly basis since the
9	discovery of residents with the rashes and possible scabies. A review of the invoices revealed that
10	gowns, shampoos, and gloves, along with other disinfectants, were purchased from a third party vendor
11	and delivered to this facility on a weekly basis.
12	Based on a review of the forms and documents gathered during the course of this investigation, it was
13	learned that notifications to the families and responsible parties of the residents in care went out on
	05/19/2026. It was learned that this was sent out via email to all of the email addresses linked to the

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Liza King
LICENSING EVALUATOR NAME: Charlie Yang
LICENSING EVALUATOR SIGNATURE:
DATE: 06/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/30/2026

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

Control Number 27-AS-20260518154050

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: EL RIO MEMORY CARE COMMUNITY **FACILITY NUMBER:** 502700235
VISIT DATE: 06/30/2026

NARRATIVE

residents in care.
Based on a review of the forms and documents gathered during the course of this investigation, it was learned that notification to the Department of Social Services, Community Care Licensing Division, was first received on 05/18/2026 by this LPA from the facility Resident Services Director Reshmika Sharma.
Based on a review of the forms and documents gathered during the course of this investigation, it was learned that notification to the Stanislaus County Health Services Agency (SCHSA) was sent out on 05/15/2026. There were emails and communications held with this agency from this facility throughout the discovery of the rashes and possible scabies with facility residents up until the clearance of a negative result for the last resident for scabies through skin scrapings and biopsies that were performed during this time.
It was learned that upon discovery of the rashes and possible scabies outbreak, facility care staff were instructed to adhere to the Infection Control plan and all affected residents were then isolated and monitored with treatment as prescribed by their attending licensed medical professionals.
It was learned that affected residents were scheduled with their primary care providers (PCPs) for further treatment and scheduled additional tests as well.
Based on interviews conducted during the course of this investigation, it was learned that this facility did act accordingly to it's policies and procedures set forth in it's Infection Control Plan and involved all necessary parties with notifications and continuous updates.

As a result of this investigation, this Department found the allegations to be UNSUBSTANTIATED. A complaint allegation finding of Unsubstantiated meant that although the allegations may have happened or were valid, there was not a preponderance of the evidence to prove that the alleged violations 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: 06/30/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/30/2026