

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502700367
Report Date: 10/30/2025
Date Signed: 10/30/2025 11:23:06 AM

Unsubstantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/03/2025** and conducted by Evaluator Ellen Lindstrom

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20250703143958
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FACILITY NAME: DALE COMMONS	FACILITY NUMBER: 502700367
ADMINISTRATOR: POTTER, LARRY	FACILITY TYPE: 740
ADDRESS: 3900 DALE RD	TELEPHONE: (209) 526-2053
CITY: MODESTO	STATE: CA
CAPACITY: 110	ZIP CODE: 95356
	CENSUS: 83
	DATE: 10/30/2025
MET WITH: Morgan Ware, Operations Specialist	UNANNOUNCED TIME BEGAN: 09:59 AM
	TIME COMPLETED: 11:20 AM

ALLEGATION(S):

1	Staff does not ensure residents call service lights are answered in a timely manner.
2	
3	Licensee does not provide sufficient staffing resulting in residents being left in soiled clothing for
4	extended periods of time.
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7	
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INVESTIGATION FINDINGS:

1	On 10/30/2025, Licensing Program Analyst (LPA) Triel Ellen Lindstrom made an unannounced visit to the
2	facility to deliver findings on this complaint. The LPA met with the Operations Specialist and explained the
3	purpose of the visit.
4	
5	Allegation: Staff does not ensure residents call service lights are answered in a timely manner.
6	
7	LPA Lindstrom reviewed the call button log for the week of July 1 – July 7, 2025. This log contained 2,871
8	calls. LPA Lindstrom conducted an in-depth analysis of a subset of this data. Of the 347 consecutive calls
9	that were analyzed, staff responded to 285 calls in less than six minutes, 47 calls in six to ten minutes,
10	and 15 calls in eleven plus minutes. Staff responded to call buttons in ten minutes or less 95.68% of the
11	time, and staff responded to call buttons in five minutes or less 86.45% of the time.
12	
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Ellen Lindstrom
LICENSING EVALUATOR SIGNATURE:

DATE: 10/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/30/2025

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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Control Number 27-AS-20250703143958

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: DALE COMMONS

FACILITY NUMBER: 502700367

VISIT DATE: 10/30/2025

NARRATIVE

1 Based on a record review, the above allegation is unsubstantiated. Although the allegation may have
2 happened or is valid, there is not a preponderance of evidence to prove the alleged violation(s) did or
3 did not occur, therefore the allegation is unsubstantiated. As a result of this investigation, no deficiencies
4 were cited. The facility was in compliance with California Code of Regulations (CCR), Title 22, Division
5 6. An exit interview was conducted and copy of this report was provided to the Operations Specialist.
6

7 Allegation: Licensee does not provide sufficient staffing resulting in residents being left in soiled clothing
8 for extended periods of time
9

10 LPA Lindstrom conducted staff interviews. Three staff (S1, S2, and S4) stated that there were no issues
11 with providing incontinence care.
12

13 LPA Lindstrom conducted three resident interviews. R1 stated that they did not experience inadequate
14 incontinence care due to insufficient staffing or for any reason. R2 stated that they required a two-
15 person assist, and that sometimes when a staff member calls out on the NOC shift, there is a delayed
16 response to their call button. R2 is on a diuretic and sometimes urinates immediately after pressing the
17 call button for assistance to go to the toilet because of the medication. LPA Lindstrom reviewed the call
18 button response log and determined that over a two-day period (July 1- 2, 2025), staff responded to
19 fifteen of R2's twenty call buttons in five minutes or less, and nineteen of R2's twenty call buttons in ten
20 minutes or less. R3 stated that staff responded to their call buttons in a timely manner and provided
21 adequate incontinence care. R3 stated that care staff do a great job.
22

23
24 Based on interviews and record review, the above allegation is unsubstantiated. Although the allegation
25 may have happened or is valid, there is not a preponderance of evidence to prove the alleged
26 violation(s) did or did not occur. As a result of this investigation, no deficiencies were cited. The facility
27 was in compliance with California Code of Regulations (CCR), Title 22, Division 6. An exit interview was
28 conducted and copy of this report was provided to the Operations Specialist.
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SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Ellen Lindstrom
LICENSING EVALUATOR SIGNATURE:

DATE: 10/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/30/2025

LIC9099 (FAS) - (06/04)

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