

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 502700444

Report Date: 11/14/2025

Date Signed: 11/18/2025 11:43:10 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/29/2025** and conducted by Evaluator Arielle Pascua

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 27-AS-20250929084454</b>
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<b>FACILITY NAME:</b> BETHEL ASSISTED LIVING	<b>FACILITY NUMBER:</b> 502700444
<b>ADMINISTRATOR:</b> MELISSA ORELLO	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2325 & 2345 SCENIC DR	<b>TELEPHONE:</b> (209) 577-1901
<b>CITY:</b> MODESTO	<b>ZIP CODE:</b> 95355
<b>CAPACITY:</b> 125	<b>DATE:</b> 11/14/2025
<b>MET WITH:</b> Maria Castillo Padilla	<b>UNANNOUNCED TIME BEGAN:</b> 09:00 AM
	<b>TIME COMPLETED:</b> 10:00 AM

#### ALLEGATION(S):

1	Residents developed pressure injuries while in care
2	Staff allow resident to be left in soiled clothing for extended periods of time
3	Staff do not ensure medications are dispensed as prescribed
4	Staff do not ensure residents medications are properly managed
5	Licensee does not prevent staff from smoking inside the facility.
6	Staff are not capable of performing assigned tasks due to intoxication while at the facility
7	Staff do not follow residents prescribed dietary plans
8	Staff do not ensure residents personal hygiene needs are being met
9	

#### INVESTIGATION FINDINGS:

1	On 11/14/2025, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to deliver complaint findings. LPA Pascua met with Facility Designated Representative (FDR), Maria Castillo Padilla and explained the purpose of the visit.
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3	
4	
5	Current census was 115. A brief interview with FDA Orello was conducted.
6	Allegation: Residents developed pressure injuries while in care.
7	It was alleged that the facility residents developed pressure injuries while in care. During the course of this investigation, this LPA conducted interviews and reviewed facility records. Based on interviews conducted it was denied by facility staff that the residents developed pressure injuries while in care.
8	Facility staff state that care staff conduct daily skin checks on all residents. In addition, facility staff state that there were no current residents with pressure injuries. In addition, facility staff state that residents who do develop pressure injuries do get immediate assistance.
9	
10	
11	
12	
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Lisa Rios  
**LICENSING EVALUATOR NAME:** Arielle Pascua  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/14/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/14/2025

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-20250929084454**

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:** BETHEL ASSISTED LIVING

**FACILITY NUMBER:** 502700444

**VISIT DATE:** 11/14/2025

### NARRATIVE

- 1 LPA Pascua reviewed facility records which corroborate that there are currently no residents with  
2 pressure injuries while in care. Based on the information gathered, there is not sufficient evidence to  
3 prove that the residents developed pressure injuries while in care.  
4
- 5 Allegation: Staff allow resident to be left in soiled clothing for extended periods of time. During the  
6 course of this investigation, this LPA conducted interviews with facility staff and residents. Based on  
7 interview with facility staff it was denied that residents are left in soiled clothing for an extended period of  
8 time. In addition, facility staff state that each resident is seen at minimum every 2 hours. Facility staff  
9 state that residents are also changed as needed according to their care plans. An interview with 5  
10 residents were conducted. 5 out of 5 residents denied being left in soiled clothing for an extended period of  
11 time. Based on the information gathered, there is not sufficient evidence to prove that staff allow  
12 resident to be left in soiled clothing for extended periods of time.  
13
- 14 Allegation: Staff do not ensure medications are dispensed as prescribed  
15
- 16 Based on interviews, record reviews and observation it was determined that the residents have been  
17 receiving medications as ordered and on time for July 2025-current. Additionally, LPA Pascua observed  
18 medications stored at facility to match physician orders and medication dispensing logs. LPA Pascua  
19 interviewed 2 staff members, 2 out of 2 staff members stated that medication is given per doctors  
20 orders. 2 out of 2 staff members also state that medication logs are audited by the facility care director  
21 on a weekly basis to ensure that medication will match with the count of medication available. 2 out of 2  
22 staff membered both reported that they watch residents to ensure that their medication was taken.  
23 Record review also revealed that medications are documented appropriately to indicate when  
24 medication is taken or refused. Based on facility files LPA Pascua did not observe any substantial  
25 evidence that presented that facility staff was not providing medication as prescribed.  
26
- 27 Allegation: Licensee does not prevent staff from smoking inside the facility.  
28
- 29 It was alleged that the Licensee does not prevent staff from smoking inside the facility. Based on  
30 interviews conducted, it was denied that any staff smoke inside the facility. An interview with 5 staff  
31 members was conducted. 5 out of 5 deny seeing anyone smoke inside the facility have any knowledge of  
32 anyone smoking inside. 5 out of 5 staff member state that they would not smoke inside the facility. An  
interview with 5 residents was conducted. 5 out of 5 residents deny seeing staff members smoke inside the  
facility. Based on the information gathered, there is not sufficient evidence to prove that the licensee  
does not prevent staff from smoking inside the facility.

**SUPERVISORS NAME:** Lisa Rios  
**LICENSING EVALUATOR NAME:** Arielle Pascua  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/14/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/14/2025

LIC9099 (FAS) - (06/04)

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**Control Number 27-AS-20250929084454**

**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** BETHEL ASSISTED LIVING**FACILITY NUMBER:** 502700444**VISIT DATE:** 11/14/2025**NARRATIVE**

1 Allegation: Staff are not capable of performing assigned tasks due to intoxication while at the facility

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3 It was alleged that the facility staff are not capable of performing assigned tasks due to intoxication while  
4 at the facility. Interviews with 5 staff members were conducted, it was denied that any staff have been  
5 intoxicated, have come to work intoxicated and have seen anyone intoxicated. An interview with 5  
6 residents was conducted. 5 out of 5 residents deny seeing staff members incapable of doing their job due  
7 to intoxication. Based on the information gathered, there is not sufficient evidence to prove that the  
8 facility staff are not capable of performing assigned tasks due to intoxication while at the facility.

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10 Allegation: Staff do not follow residents prescribed dietary plans

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12 During the course of this investigation, this LPA conducted interviews and reviewed facility records.  
13 Based on interviews conducted, it was denied that staff do not ensure that staff follow resident's dietary  
14 plans. An interview with 2 residents with dietary restrictions were conducted. It was denied by both  
15 residents that they do not get their prescribed dietary plans. In addition, it was stated that these plans  
16 were implemented and planned with the facility and themselves. A review of the resident's records  
17 shows that the facility and their staff have followed the residents dietary plans and parameters. Based  
18 on the information gathered, there is not sufficient evidence to prove that the facility staff do not follow  
19 residents prescribed dietary plans.

20

21 Allegation: Staff do not ensure residents personal hygiene needs are being met

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23 During the course of this investigation, this LPA conducted interviews with facility staff and residents.  
24 Based on interview with facility staff it was denied that staff do not ensure resident's personal hygiene  
25 needs are being met. In addition, facility staff state that each resident is seen at minimum every 2 hours.  
26 Facility staff state that residents are also changed as assisted according to their care plans. An interview  
27 with 5 residents were conducted. 5 out of 5 residents denied that their hygiene needs are not being met.  
28 Based on the information gathered, there is not sufficient evidence to prove that facility staff did not  
29 ensure residents personal hygiene needs are being met.

30

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

An exit interview was conducted and a copy of this report was provided to the facility at the end of this  
visit.

**SUPERVISORS NAME:** Lisa Rios**LICENSING EVALUATOR NAME:** Arielle Pascua**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/14/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and  
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/14/2025