

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502700581
Report Date: 10/31/2025
Date Signed: 10/31/2025 12:28:21 PM

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 **10/23/2025** and conducted by Evaluator Arielle Pascua

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20251023103942
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FACILITY NAME: GATE OF BEAUTIFUL II, THE	FACILITY NUMBER: 502700581
ADMINISTRATOR: NICOLE ELL	FACILITY TYPE: 740
ADDRESS: 3300 SHARON AVE	TELEPHONE: (209) 526-2425
CITY: MODESTO	ZIP CODE: 95355
CAPACITY: 6	DATE: 10/31/2025
MET WITH: Stephanie	UNANNOUNCED TIME BEGAN: 11:00 AM
	TIME COMPLETED: 12:30 PM

ALLEGATION(S):

1	Licensee does not ensure that the required food supply is maintained at facility
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INVESTIGATION FINDINGS:

1	On 10/31/2025, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to conduct a complaint visit. LPA met was met by Facility House Manager, Stephanie Cason and explained the purpose of the visit. The purpose of this visit was to inform the facility and its representative that a complaint has been filed against it at this time. Current census was 4. 2 out of 4 residents were out on outings, and 2 out of 4 residents were at their respective day program at this time. A brief telephone interview with Facility Designated Administrator (FDA), Nicole Ell was conducted. It was alleged that this facility does not ensure that the required food supply is maintained at the facility. it was observed that the facility food supply was sufficient to meet the 2-day perishable and 7-day non perishable food supply requirements at this time. A review of the food items was conducted for the interior food storage units, as well as, the exterior food storage units. There were no expired food items observed for the perishable foods nor the non perishable food supply. It was observed that meals were prepared, and offered, for breakfast, lunch and dinner throughout the day.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Arielle Pascua
LICENSING EVALUATOR SIGNATURE:

DATE: 10/31/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/31/2025

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-20251023103942

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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: GATE OF BEAUTIFUL II, THE

FACILITY NUMBER: 502700581

VISIT DATE: 10/31/2025

NARRATIVE

1 LPA also observed a facility menu at the facility and compared it to food supply available. This was
2 sufficient to meet residents needs.
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4 Due to the above noted information, although the allegations may have happened or are valid, there is
5 not a preponderance of evidence to prove the alleged violations did or did not occur, and therefore the
6 allegations are unsubstantiated.
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8 An exit interview was conducted, and a copy of this report was provided to the facility.
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SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Arielle Pascua
LICENSING EVALUATOR SIGNATURE:

DATE: 10/31/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/31/2025

LIC9099 (FAS) - (06/04)

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