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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502700581
Report Date: 06/22/2026
Date Signed: 06/22/2026 01:55:44 PM

Substantiated

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 **06/13/2026** and conducted by Evaluator Arielle Pascua

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260613172233

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	**STATE:** CA		**ZIP CODE:**	95355
CAPACITY:	6	**CENSUS:** 4		**DATE:**	06/22/2026
		UNANNOUNCED		**TIME BEGAN:**	01:20 PM
MET WITH:	Stephanie Cason			**TIME COMPLETED:**	02:00 PM

ALLEGATION(S):

1	Licensee did not comply with reporting requirements
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INVESTIGATION FINDINGS:

1	On 06/22/2026, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to
2	deliver complaint findings for the allegation above. LPA Pascua was greeted by Staff Member
3	(SM),Melvina Waters and explained the purpose of the visit. LPA Pascua met with Facility Designated
4	Representative (FDR), Stephanie Cason.
5	Current census was 4. A brief interview with FDA Ell was conducted.
6	It was alleged that the Licensee did not comply with reporting requirements. Based on interviews
7	conducted, it was learned that the facility was notified of potential verbal abuse from a staff member and
8	conducted an internal investigation in which was found to have validity to the claims. It was further
9	reported that the facility did not submit a Special Incident Report along with notification to the outside
10	agencies. LPA Pascua reviewed facility records which confirmed that the facility did not notify the
11	department upon notification of alleged verbal abuse from staff to resident. Based on the information
12	gathered, the licensee did not comply with reporting requirements.
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Substantiated	Estimated Days of Completion:

SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Arielle Pascua
LICENSING EVALUATOR SIGNATURE:
DATE: 06/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/22/2026

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

Control Number 27-AS-20260613172233

FACILITY NAME: GATE OF BEAUTIFUL II, THE **FACILITY NUMBER:** 502700581
VISIT DATE: 06/22/2026

NARRATIVE

As a result of this investigation, this LPA found the allegations to be SUBSTANTIATED - A finding that the complaint was Substantiated meant that the allegation was valid because the preponderance of the evidence standard had been met.
The following deficiencies were cited on the following LIC 9099-D pursuant to Title 22 Rules and Regulations, Division 6 and Health and Safety Codes.

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COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

FACILITY NAME: GATE OF BEAUTIFUL II, THE **FACILITY NUMBER:** 502700581

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 06/22/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 06/23/2026 **Section Cited** CCR 87211(a)(1)	1 2 3 4 5 6 7	(a) Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following: (1) A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below. This report shall include the resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case.	1 2 3 4 5 6 7	Licensee shall provide a statement of correction by POC date.
	8 9 10 11 12 13 14	This not met as evidenced by: Based on interview and record review, the licensee did not report suspected verbal abuse regarding a resident within 7 days of occurence. This poses an immediate health, safety, and personal rights risks to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Lisa Rios
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LICENSING EVALUATOR SIGNATURE:
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ALLEGATION(S):

1	Licensee coerced residents into making false allegations
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INVESTIGATION FINDINGS:

1	On 06/22/2026, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to
2	deliver complaint findings for the allegation above. LPA Pascua was greeted by Staff Member
3	(SM),Melvina Waters and explained the purpose of the visit. LPA Pascua met with Facility Designated
4	Representative (FDR), Stephanie Cason.
5	It was alleged that the licensee coerced residents into making false allegations. During the course of the
6	investigation the department conducted interviews with 4 residents and 3 staff members. 4 out 4
7	residents deny that the licensee asked them to make false allegations. 3 out of 3 staff members also
8	denied that they have witnessed or heard the licensee ask the residents to make false statements.
9	As a result of this investigation, this Department found the allegations to be UNSUBSTANTIATED. A
10	complaint allegation finding of Unsubstantiated meant that although the allegations may have happened
11	or was valid, there was not a preponderance of the evidence to prove that the alleged violation occurred.
12	An exit interview was conducted and a copy of this report was provided to the facility at the end of this
13	visit.

Unsubstantiated	**Estimated Days of Completion:**

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