

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502700748
Report Date: 08/21/2023
Date Signed: 08/21/2023 04:25:45 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/19/2023** and conducted by Evaluator Jason Lund

	COMPLAINT CONTROL NUMBER: 27-AS-20230419111449
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FACILITY NAME: SISTERS ASSISTED LIVING	FACILITY NUMBER: 502700748
ADMINISTRATOR: FOMBY, KAREN	FACILITY TYPE: 740
ADDRESS: 1006 DURANT STREET	TELEPHONE: (510) 990-1683
CITY: MODESTO	STATE: CA ZIP CODE: 95350
CAPACITY: 4	CENSUS: 6 DATE: 08/21/2023
MET WITH: Administrator Karen Fomby	UNANNOUNCED TIME BEGAN: 04:00 PM
	TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1	Staff did not have resident's authorized representative sign an admission's agreement for care
2	
3	Staff refused to provide resident's authorized representative wth information about resident's care
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5	Staff are overcharging resident for care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jason Lund arrived unannounced to complete a complaint
2	investigation. LPA Lund met with Administrator Karen Fomby and explained the reason for the visit.
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4	Staff did not have resident's authorized representative sign an admission's agreement for care- Based on
5	records reviewed and interviews conducted with Administrator Karen Fomby, Reporting Party (RP) and
6	witness. Resident (R1) was admitted as a patient at Dignity Health Mercy Medical Center in Merced
7	California. R1 was admitted at the hospital with no responsible party. The hospital paid the admission fee
8	for R1 for the first four months. R1's husband has a Durable Power of Attorney for finances dated June 4,
9	2021, but does not have authorization to make medical and other health-care decisions. R1 husband
10	refused to pick up R1 from hospital and case worker (Hospital) had R1 admitted to the facility on
11	9/20/2022.
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Unsubstantiated

Estimated Days of Completion: 90

NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub
NAME OF LICENSING PROGRAM ANALYST: Jason Lund
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/21/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/21/2023

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-20230419111449

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 2525 NATOMAS PARK DR.
STE.270
SACRAMENTO, CA 95833

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: SISTERS ASSISTED LIVING

FACILITY NUMBER: 502700748

VISIT DATE: 08/21/2023

NARRATIVE

1 Based on records review, interviews with, Administrator Karen Fomby, RP and witness the information
2 provided, it was unclear if staff did not have resident's authorized representative sign an admission's
3 agreement for care therefore the allegation was deemed UNSUBSTANTIATED.
4

5 Staff refused to provide resident's authorized representative with information about resident's care-
6 Based on records reviewed and interviews conducted with Administrator Karen Fomby, Reporting Party
7 (RP) and witness. Resident (R1) was admitted to the facility on 9/20/2022 from Dignity Health Mercy
8 Medical Center in Merced California. R1 husband refused to pick up R1 from hospital and case worker
9 (Hospital) had R1 admitted to the facility. R1's husband has a Durable Power of Attorney for finances
10 dated June 4, 2021, but does not have authorization to make medical and other health-care decisions.
11 R1's LIC602 dated 8/11/2022 stated that R1 needs help with bathing, grooming, and medication
12 management.
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14 Based on records review, interviews with, Administrator Karen Fomby, RP and witness the information
15 provided, it was unclear if staff refused to provide resident's authorized representative with information
16 about resident's care therefore the allegation was deemed UNSUBSTANTIATED.
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18 Staff are overcharging resident for care- Based on records reviewed and interviews conducted with
19 Administrator Karen Fomby, Reporting Party (RP) and witness. Resident (R1) was admitted to the
20 facility on 9/20/2022 from Dignity Health Mercy Medical Center in Merced California. Dignity Health
21 Mercy Medical Center signed the admission agreement on 9/20/2022 and R1's husband has no
22 responsibility for payments due to not signing the admission agreement dated 9/20/2022. R1's husband
23 does have a Power of Attorney for finances dated June 4, 2021, but does not have authorization to
24 make medical and other health-care decisions.
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NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub
NAME OF LICENSING PROGRAM ANALYST: Jason Lund
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/21/2023

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/21/2023

LIC9099 (FAS) - (06/04)

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Control Number 27-AS-20230419111449

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: SISTERS ASSISTED LIVING

FACILITY NUMBER: 502700748

VISIT DATE: 08/21/2023

NARRATIVE

1 Based on records review, interviews with Administrator Karen Fomby, RP and witness the information
2 provided, it was unclear if staff are overcharging resident for care therefore the allegation was deemed
3 UNSUBSTANTIATED.

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5 The Department (CCLD) has found the allegations. Unsubstantiated.

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7 A finding that the complaint allegation(s) are UNSUBSTANTIATED means that although the allegation(s)
8 may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged
9 violation(s) occurred.

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14 An exit interview was conducted with Administrator Karen Fomby and report left.

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