

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502700820
Report Date: 05/12/2026
Date Signed: 05/12/2026 11:08:44 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 03/26/2026 and conducted by Evaluator Arielle Pascua

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260326164459
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FACILITY NAME: GOLDEN AGE 10	FACILITY NUMBER: 502700820
ADMINISTRATOR: PLACINTAR, MARINELA	FACILITY TYPE: 740
ADDRESS: 3213 INVERNESS ST.	TELEPHONE: (209) 495-2504
CITY: MODESTO	ZIP CODE: 95355
CAPACITY: 6	DATE: 05/12/2026
	UNANNOUNCED TIME BEGAN: 10:49 AM
MET WITH: Marinela Placintar	TIME COMPLETED: 11:30 AM

ALLEGATION(S):

1	Uncleared staff providing care to the residents
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INVESTIGATION FINDINGS:

1	On 05/12/2026, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to
2	deliver complaint findings for the allegation above. LPA Pascua met with Facility Designated
3	Administrator (FDA), Marinela Placintar and explained the purpose of the visit.
4	Current census was 6. A brief interview with FDA Placintar.
5	It was alleged that there is an unclear staff member providing care to the residents. Based on
6	information gathered, the determination of the exclusion order of S1 is still pending, however S1 is able
7	to be present in the facility at this time.
8	As a result of this investigation, this Department found the allegations to be UNSUBSTANTIATED. A
9	complaint allegation finding of Unsubstantiated meant that although the allegations may have happened
10	or was valid, there was not a preponderance of the evidence to prove that the alleged violation occurred.
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12	There were no deficiencies observed or cited at this time. An Exit Interview was conducted and copy of
13	this report was provided to the facility at the end of this visit.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lisa Rios	
LICENSING EVALUATOR NAME: Arielle Pascua	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/12/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/12/2026