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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502701087
Report Date: 06/15/2026
Date Signed: 06/15/2026 07:17:02 PM

Unsubstantiated

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 **02/27/2026** and conducted by Evaluator Charlie Yang

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260227140647

FACILITY NAME:	BONNIE'S CARE HOME			**FACILITY NUMBER:**	502701087
ADMINISTRATOR:	MARIA ARAIZA			**FACILITY TYPE:**	740
ADDRESS:	2608 VENEMAN AVENUE			**TELEPHONE:**	(209) 248-7663
CITY:	MODESTO	**STATE:** CA		**ZIP CODE:**	95356
CAPACITY:	6	**CENSUS:** 5		**DATE:**	06/15/2026
		UNANNOUNCED		**TIME BEGAN:**	11:00 AM
MET WITH:	Maria Araiza			**TIME COMPLETED:**	12:30 PM

ALLEGATION(S):

1	Staff did not meet resident's incontinence needs.
2	
3	Staff denied resident visitors.
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Unannounced complaint visit made out to this facility on 06/15/2026 by Licensing Program Analyst (LPA)
2	Charlie Yang who was met by the facility designated Administrator, Maria Araiza, who was interviewed at
3	this time.
4	Current census was 5 residents.
5	The purpose of this visit was to deliver the findings from this investigation to this facility, and its
6	representative, at this time.
7	Based on a review of the forms and documents collected during the course of this investigation, it was
8	learned that this facility did not provide any incontinence supplies to the residents in care unless it was
9	opted for upon admission. It was learned that incontinence supplies were an additional item that would
10	result in additional fees being charged on top of the established basic services fee. It was learned that
11	this resident, R1, and their responsible parties did not opt to have incontinence supplies included in the
12	basic service fee and opted to privately order and send them to this facility.
13	Based on a review of the forms and documents collected during the course of this investigation, it was
	learned

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Liza King
LICENSING EVALUATOR NAME: Charlie Yang
LICENSING EVALUATOR SIGNATURE:
DATE: 06/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/15/2026

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

Control Number 27-AS-20260227140647

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

FACILITY NAME: BONNIE'S CARE HOME **FACILITY NUMBER:** 502701087
VISIT DATE: 06/15/2026

NARRATIVE

that the facility visiting hours were clearly posted.
It was learned that the visiting hours were posted for the time frame of allowing visitors from 10:00 am to 7:00 pm every day. It was learned that these visiting hours were also present in the Admission Agreement which required the resident, and their responsible parties, to initial upon completion of the admission process.
It was observed that the admission agreement for R1 was signed by all involved parties and Section 22 Facility Visiting Policy was initialed as well by the facility resident.

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

There were no deficiencies observed or cited at this time.

Exit Interview

SUPERVISORS NAME: Liza King
LICENSING EVALUATOR NAME: Charlie Yang
LICENSING EVALUATOR SIGNATURE:
DATE: 06/15/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/15/2026