

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502701206
Report Date: 05/12/2026
Date Signed: 05/12/2026 01:22:57 PM

Unfounded

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 **04/29/2026** and conducted by Evaluator Arielle Pascua

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260429093318
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FACILITY NAME: GARDENS OF MODESTO, THE	FACILITY NUMBER: 502701206
ADMINISTRATOR:LINDSAY BECKETT	FACILITY TYPE: 740
ADDRESS: 2325 ST. PAULS WAY	TELEPHONE: (530) 242-8300
CITY: MODESTO	ZIP CODE: 95355
CAPACITY: 73	DATE: 05/12/2026
	UNANNOUNCED TIME BEGAN: 01:00 PM
MET WITH: Lindsay Beckett	TIME COMPLETED: 01:40 PM

ALLEGATION(S):

1	Facility is using delayed egress without proper authorizations.
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INVESTIGATION FINDINGS:

1	On 05/12/26, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to deliver complaint findings for the allegation above.
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3	LPA Pascua met with Facility Designated Administrator (FDA), Lindsay Beckett and explained the purpose of the visit. Current Census was 34. A brief interview with FDA Beckett was conducted.
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5	It was alleged that the facility was using delayed egress without proper authorization. Based on documentation reviewed by the department, it was determined that the facility obtained the appropriate fire clearance for delayed egress in September 2022. Additionally, a review of the facility's Plan of Operation confirmed that it includes documentation outlining the use of delayed egress and the associated procedures for the facility. Based on the information gathered, This agency has investigated the complaint allegation(s). This agency has found that the complaint was UNFOUNDED, meaning that the allegation(s) were false, could not have happened and/or was without a reasonable basis. This agency has therefore dismissed the complaint. There were no deficiencies observed or cited during today's complaint visit.
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7	A copy of this report was provided to the facility at the end of this visit.
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Unfounded	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