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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502701207
Report Date: 07/23/2026
Date Signed: 07/24/2026 12:21:31 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 **04/03/2026** and conducted by Evaluator Jason Lund

	COMPLAINT CONTROL NUMBER: 27-AS-20260403135309

FACILITY NAME:	BELMARE SENIOR LIVING			**FACILITY NUMBER:**	502701207
ADMINISTRATOR:	LACY VINCENT			**FACILITY TYPE:**	740
ADDRESS:	1450 WEST F STREET			**TELEPHONE:**	(209) 764-3164
CITY:	OAKDALE	**STATE:** CA		**ZIP CODE:**	95361
CAPACITY:	114	**CENSUS:** 77		**DATE:**	07/23/2026
		UNANNOUNCED		**TIME BEGAN:**	01:45 PM
MET WITH:	Executive Director Kurtis Woody			**TIME COMPLETED:**	03:00 PM

ALLEGATION(S):

1	Staff did not ensure that resident's room was free of hazards
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jason Lund arrived unannounced to complete a complaint investigation
2	regarding the above allegation. LPA Lund met with Executive Director Kurtis Woody and explained the
3	reason for the visit. Census: 77
4	
5	Staff did not ensure that resident's room was free of hazards- LPA Lund reviewed facility paperwork and
6	interviewed staff. LPA Lund reviewed Unusual Incident/Injury Report (LIC624) dated 4/6/2026 from the
7	facility. The report stated that there was a bottle of cleaner found in Resident’s (R1) refrigerator. LPA
8	Lund interviewed staff (S1) who stated that on 4/2/2026 a resident’s (R1) family member came into the
9	lobby with a bottle of cleaner, per family member it was found in the refrigerator of R1. There were no
10	signs of ingestion or any other exposure from R1.
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Substantiated	**Estimated Days of Completion: 90**

SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE:
DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/23/2026

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

Control Number 27-AS-20260403135309

FACILITY NAME: BELMARE SENIOR LIVING **FACILITY NUMBER:** 502701207
VISIT DATE: 07/23/2026

NARRATIVE

Based on reviewed facility paperwork and interview with staff, the information provided, it clear that staff did not ensure that resident's room was free of hazards the therefore the allegation was deemed SUBSTANTIATED.

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.

Per the California Code of Regulations, Title 22, Division 6, Chapter 6, deficiencies were observed or cited and noted on LIC 809D. An exit interview was conducted, and copies of the report and appeal rights left.

SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE:
DATE: 07/23/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/23/2026

Control Number 27-AS-20260403135309

FACILITY NAME: BELMARE SENIOR LIVING **FACILITY NUMBER:** 502701207
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/23/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/24/2026 **Section Cited** CCR 87309(a)	(a) Disinfectants, cleaning solutions, poisons, firearms and other items which could pose a danger if readily available to clients shall be stored where inaccessible to clients.	On 4/17/2026 the facility had training Hazardous Materials.
	This requirement is not met as evidenced by:There was a bottle of cleaner found in Resident's (R1) refrigerator. This poses an immediate health and safety risk to residents in care.	

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

SUPERVISOR'S NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE: **DATE:** 07/23/2026

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FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 07/23/2026