

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502701322
Report Date: 08/06/2026
Date Signed: 08/06/2026 04:44:50 PM

Substantiated

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 05/06/2026 and conducted by Evaluator Noel Wolf Petersen

	COMPLAINT CONTROL NUMBER: 27-AS-20260506104525
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FACILITY NAME: RENAISSANCE CARE HOME INC		FACILITY NUMBER: 502701322
ADMINISTRATOR: RANIN, TERESITA N.		FACILITY TYPE: 740
ADDRESS: 812 NORWEGIAN AVENUE		TELEPHONE: (209) 408-8439
CITY: MODESTO	STATE: CA	ZIP CODE: 95350
CAPACITY: 6	CENSUS: 5	DATE: 08/06/2026
MET WITH: tess ranin		UNANNOUNCED TIME BEGAN: 09:30 AM
		TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1	Staff are mismanaging resident's medication
2	Staff did not ensure resident's incontinence needs were being met
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INVESTIGATION FINDINGS:

1	Licensing Program Administrator, LPA Noel Wolf Petersen, arrived unannounced to the facility to conduct
2	a complaint investigation into the above allegations. LPA met with administrator, Teresita Ranin to explain
3	the purpose of the visit.
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5	As to the allegation that Staff are mismanaging resident's medication, record review of the Centrally
6	stored Medication Administrative record shows that Morphine should be given every 8 hours routine AND
7	as needed, and record review on the MARs that the medication was only given as needed was filled out.
8	one hospice nurse gave a statement that the client was often expressing pain/agitation, via grimace,
9	moans before debraiding the wound, and morphine would need to be given by the medtech and a waiting
10	period for it to take effect before the care could begin. LPA gave guidance, morphine is a schedule 2
11	narcotic and additional precautionary measures: i.e. a controlled substances log reflecting a more limited
12	and controlled access to the drug are necessasary.
13	Continued on c page.

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Liza King	
LICENSING EVALUATOR NAME: Noel Wolf Petersen	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/06/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/06/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 5
Control Number 27-AS-20260506104525

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 (Cont)	

FACILITY NAME: RENAISSANCE CARE HOME INC	FACILITY NUMBER: 502701322
	VISIT DATE: 08/06/2026

NARRATIVE	
1	As to the allegation that Staff did not ensure resident's incontinence needs were being met, in interview
2	it was learned two home health nurses and a home health aid agree residents were often found wet,
3	(more frequently after night shift). 1 of 4 Hospice nurses described the facility as on average worse than
4	other care homes with regard to incontinence care.
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6	The Administrator made a statement to the LPA that S4 was not competent in basic duties of ther job
7	and was fired as a result of poor performance. 4 of 4 hospice nurses described a recent improvement in
8	the care at the facility in general, coinciding with the hiring of 2 additional staff.
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10	Based on LPAs observations and interviews which were conducted and record review(s), the
11	preponderance of evidence standard has been met, therefore the above allegation(s) is found to be
12	SUBSTANTIATED. California Code of Regulations, , are being cited on the attached LIC 9099D.)
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14	A copy of the appeal rights was provided, a copy of the report was read and given to the administrator.
15	exit interview was conducted.
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LICENSING EVALUATOR NAME: Noel Wolf Petersen	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/06/2026
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LIC9099 (FAS) - (06/04) Page: 2 of 5	
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	

	COMPLAINT CONTROL NUMBER: 27-AS-20260506104525
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ADMINISTRATOR: RANIN, TERESITA N.	FACILITY TYPE: 740
ADDRESS: 812 NORWEGIAN AVENUE	TELEPHONE: (209) 408-8439
CITY: MODESTO	ZIP CODE: 95350
CAPACITY: 6	DATE: 08/06/2026
STATE: CA	UNANNOUNCED TIME BEGAN: 09:30 AM
CENSUS: 5	TIME COMPLETED: 04:45 PM
MET WITH: Tess Ranin	

ALLEGATION(S):

1	Staff do not ensure resident's hygiene needs are being met
2	Staff did not reposition resident as needed
3	Staff did not prevent resident from developing a pressure injury
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst, LPA Noel Wolf Petersen, arrived unannounced to the facility to conduct a
2	complaint investigation into the above allegations. LPA met with administrator, Teresita Ranin to explain
3	the purpose of the visit.
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5	As to the allegation that a clients hygiene needs were not being met, a record review of the hospice care
6	plan showed a shower was ordered 2x a week to be conducted by a home health care aid for r1, and
7	similar for other clients. In interview with the staff it was learned that the client r1 had bed showers every
8	morning, provided by the staff of the facility, recorded in a shower log. in interview, a consensus
9	statement was reached with 2 home health aids and 4 nurses, who would not characterize the
10	hair/nails/teeth/odors hygiene elements as outside their clients care plan. an acute episode involving feces
11	discovered under the fingernails, was not corroborated by other parties.
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13	Continued on C page.

Unsubstantiated	Estimated Days of Completion:
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LICENSING EVALUATOR NAME: Noel Wolf Petersen	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/06/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/06/2026

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: RENAISSANCE CARE HOME INC	FACILITY NUMBER: 502701322
	VISIT DATE: 08/06/2026

NARRATIVE	
1	As to the allegation that a resident was not repositioned as needed A log of the checks for rotation care,
2	showed 1 check per 2 hours, and refusal happening 2-4 times per day, by reason of r1 being asleep. S2
3	staff provided a statement that r1 was heavily contracted and in pain, which presented a challenge when
4	it came to rotating the client and doing incontinence care like changing briefs, while the care could be
5	done with one often the care needed 2 persons to quickly address the incontinence. a record review of
6	the night shift on the LIC 500 for this period, showed a single staff, s5, on duty for Sunday-Tuesday

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shifts 8pm to 7am. That staff, S5, does not have any signed entries on the rotation log for may. The

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rotation log shows that S4 and S5 normally assume the days when S2 and S3 are off duty. 2 home

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health aids and 4 nurses could not reach a consensus that rotation services were or were not being

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provided as described by the care plans.

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As to the Allegation that Staff did not prevent resident from developing a pressure injury, there is not a

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consensus of neutral third parties (hospice nurses) that would characterize care by the facility as a

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definitive cause of the development of a pressure injury. 2 of 4 nurses interviewed have concerns about

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the facility not properly shielding a barrier dressing from being dry as related to bathing/incontinence,

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and believe based on their observations that the care at the facility probably did contribute to the

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development of a pressure injury, but would not support the characterization that the facility caused the

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development of a pressure injury.

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Although the allegations may have happened or are valid, there is not a preponderance of evidence to

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prove the alleged violation(s) did or did not occur, therefore the allegations is unsubstantiated.

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A copy of the report was read and given to the administrator. exit interview was conducted.

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SUPERVISORS NAME: Liza King

LICENSING EVALUATOR NAME: Noel Wolf Petersen

LICENSING EVALUATOR SIGNATURE:

DATE: 08/06/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/06/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT
(Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: RENAISSANCE CARE HOME INC

FACILITY NUMBER: 502701322

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/06/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/07/2026 Section Cited CCR 87465(a)(1,2)	<div>187465 Incidental Medical and Dental</div> <div>2Care (a) A plan for incidental medical</div> <div>3and dental care shall be developed by</div> <div>4each facility. The plan shall encourage</div> <div>5routine medical and dental care and</div> <div>6provide for assistance in obtaining such</div> <div>7care, by compliance with the following:</div> <div>(1) The licensee shall arrange, or assist</div> <div>in arranging, for medical and dental</div> <div>care appropriate to the conditions and</div> <div>needs of residents. (2) The licensee</div> <div>shall provide assistance in meeting</div> <div>necessary medical and dental needs.</div>	<div>1LPA is suggestign that a inventory of</div> <div>2controlled substances currently in the</div> <div>3facility be taken and logged, by the poc</div> <div>4date 8/7/2026. The administrator should</div> <div>5send a copy of the Centrally Stored</div> <div>6Administration record, MARs, and</div> <div>7Controlled Substances log for all to the</div> <div>LPA clients at the end of every</div> <div>week(fridays) for the next six weeks.</div> <div>licensee agrees.</div>
	<div>8This requirement was not met as</div> <div>9evidenced by: record review of centrally</div> <div>10stored log pain managment</div> <div>11medication(Morphine) perscribed as</div> <div>12routine and prn, and record review of</div>	

	13 14	MAR showing PRN distribution only, per interview with administrator there is no controlled substances log for the morphine, per hospice nurse, client r1 was frequently discovered expressing pain symptoms prior to services. Not following this requirement poses a risk to the health safety or personal rights to clients in care.	13 14	
Type A 08/07/2026 Section Cited CCR 87465(b)(3)	1 2 3 4 5 6 7	87465 Incidental Medical and Dental Care (b) In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following: (3) Ensuring that incontinent residents are kept clean and dry and that the facility remains free of odors from incontinence.	1 2 3 4 5 6 7	LPA suggested the facility begin an incontinence care log recording time of checks and the clients status to be updated and signed every time care is provided for the clients with identified incontinence needs. LPA gave guidance that incontinence care checks frequency should increase as need is discovered. a plan to address the current incontinence care needs of the clients should be sent to the lpa by end of day 8/07/2026. licensee agrees.
	8 9 10 11 12 13 14	This requirement was not being followed as evidenced by: in interview with 2 hospice nurses who identified clients r1 and r3 and characterized their observations as discovered wet frequently. Not following this requirement poses a risk to health safety or personal rights of clients in care.	8 9 10 11 12 13 14	

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: Liza King LICENSING EVALUATOR NAME: Noel Wolf Petersen LICENSING EVALUATOR SIGNATURE:		DATE: 08/06/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 08/06/2026