

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502701450
Report Date: 02/02/2026
Date Signed: 02/06/2026 11:24:19 AM

Unsubstantiated

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| 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 **10/08/2025** and conducted by Evaluator Jason Lund

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| | COMPLAINT CONTROL NUMBER: 27-AS-20251008103431 |
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| FACILITY NAME: CASA DE MODESTO | FACILITY NUMBER: 502701450 |
| ADMINISTRATOR: ISSAKHANI, STEPHANY | FACILITY TYPE: 740 |
| ADDRESS: 1745 ELDENA WAY | TELEPHONE: (925) 594-1122 |
| CITY: MODESTO | ZIP CODE: 95350 |
| CAPACITY: 160 | DATE: 02/02/2026 |
| MET WITH: Administrator Stephany Issakhani | UNANNOUNCED TIME BEGAN: 11:00 AM |
| | TIME COMPLETED: 01:00 PM |

ALLEGATION(S):

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|---|---|
| 1 | Facility staff are not administering medication as prescribed |
| 2 | Facility staff are not ordering medication in a timely manner |
| 3 | Unqualified staff administering medication |
| 4 | Facility staff are not meeting residents needs |
| 5 | |
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INVESTIGATION FINDINGS:

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| 1 | Licensing Program Analyst (LPA) Jason Lund arrived unannounced to complete a complaint investigation regarding the above allegations. LPA Lund met with Administrator Stephany Issakhani and explained the reason for the visit. Census: 88 |
| 2 | |
| 3 | |
| 4 | |
| 5 | Facility staff are not administering medication as prescribed - LPA Lund reviewed facility records, interviewed staff, and residents in care. Based on eight reviewed Medication Administration Records (MARS) from 10/1/2025 through 11/30/2025 residents in care were getting medications as prescribed. |
| 6 | |
| 7 | LPA interviewed MED TECKS (Staff) who stated that they give medications to residents in care and have procedures if residents refuse their medications. Residents interviewed stated that they take the medications that are given by staff. |
| 8 | |
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| Unsubstantiated | Estimated Days of Completion: 90 |
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SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE:

DATE: 02/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/02/2026

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

LIC9099 (FAS) - (06/04)

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Control Number 27-AS-20251008103431

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: CASA DE MODESTO

FACILITY NUMBER: 502701450

VISIT DATE: 02/02/2026

NARRATIVE

- 1 Based on reviewed facility records, interviews with staff, and residents in care, on the information
- 2 provided, it was unclear if facility staff are not administering medication as prescribed, therefore the
- 3 allegation was deemed UNSUBSTANTIATED.
- 4
- 5 Facility staff are not ordering medication in a timely manner - LPA Lund interviewed staff who stated that
- 6 they order medications on Sunday night shift and Wednesday night shift. About 90 of the medications
- 7 are ordered through one pharmacy for residents in care. The others have mail orders and have families
- 8 order medications for the residents in care. LPA Lund received samples of how the MED TECKS order
- 9 medications for the residents in care.
- 10
- 11 Based on reviewed facility records, staff interviewed, on the information provided, it was unclear if facility
- 12 staff are not ordering medication in a timely manner, therefore the allegation was deemed
- 13 UNSUBSTANTIATED.
- 14
- 15 Unqualified staff administering medication- LPA Lund reviewed facility records, and interviewed staff.
- 16 Based on reviewed facility paperwork each Med Tech takes ten hours of training from Advanced
- 17 Healthcare studies on how to work with medications for the facility. Each staff member must have this
- 18 training before working with residents' medications. Staff interviewed stated that they have procedures
- 19 on how to work with residents regarding medications and no untrained staff give medications.
- 20
- 21 Based on reviewed facility records and interviewed staff, on the information provided, it was unclear if
- 22 unqualified staff administering medication, therefore the allegation was deemed UNSUBSTANTIATED.
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SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE:

DATE: 02/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/02/2026

LIC9099 (FAS) - (06/04)

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Control Number 27-AS-20251008103431

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH ASC, 9835 GOETHE

**COMPLAINT INVESTIGATION REPORT
(Cont)**

ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: CASA DE MODESTO

FACILITY NUMBER: 502701450

VISIT DATE: 02/02/2026

NARRATIVE

1 Facility staff are not meeting residents needs – LPA Lund reviewed facility records, interviewed staff, and
2 residents in care. Based on staff schedules from 10/01/25 through 11/30/25 the revealed staff to be
3 consistently residents in care on duty. LPA Lund interviewed residents in care who stated that their
4 needs are being met. Staff interviewed stated that there is adequate staff to meet the needs of the
5 residents in care.
6
7 Based on facility records reviewed, interviews with staff, and residents in care, on the information
8 provided, it was unclear if licensee does not ensure enough staff are present to meet the needs of
9 residents, therefore the allegation was deemed UNSUBSTANTIATED.
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11 As a result of this investigation, this Department finds the allegation to be UNSUBSTANTIATED. A
12 complaint allegation finding of Unsubstantiated means that although the allegation may have happened
13 or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred. Exit
14 interview conducted and report left.
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SUPERVISORS NAME: Lisa Rios
LICENSING EVALUATOR NAME: Jason Lund
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 02/02/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 02/02/2026