

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 507002509
Report Date: 08/25/2025
Date Signed: 08/25/2025 12:17:15 PM

Unsubstantiated

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 **07/11/2025** and conducted by Evaluator Arielle Pascua

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20250711131606
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FACILITY NAME: STRATFORD AT BEYER PARK, THE	FACILITY NUMBER: 507002509
ADMINISTRATOR: RODRIGUEZ, NICOLE E	FACILITY TYPE: 740
ADDRESS: 3529 FOREST GLENN DR	TELEPHONE: (209) 236-1900
CITY: MODESTO	STATE: CA ZIP CODE: 95355
CAPACITY: 107	CENSUS: 82 DATE: 08/25/2025
MET WITH: Nicole Rodriguez	UNANNOUNCED TIME BEGAN: 11:17 AM
	TIME COMPLETED: 01:00 PM

ALLEGATION(S):

1	Staff mismanaged resident's medication
2	Staff did not safeguard resident's personal items
3	
4	
5	
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INVESTIGATION FINDINGS:

1	On 08/25/2025, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to
2	conduct a complaint visit. LPA met with Facility Designated Administrator (FDA), Nicole Rodgriguez and
3	explained the purpose of the visit. The purpose of this visit to deliver complaint findings for the allegations
4	above.
5	
6	Current census was 82. A brief interview with FDA Rodriguez was conducted.
7	Allegation: Staff mismanaged resident's medication
8	It was alleged that staff mismanaged resident's medication. During the course of this investigation, the
9	department conducted interviews and reviewed facility records. Through staff interviews, it was
10	determined that Resident 1 (R1) frequently experienced medical conditions that could impair their ability
11	to understand the medications being administered. A review of the resident's records further confirmed
12	that R1's diagnosis may contribute to confusion regarding their medications.
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/25/2025

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 2

Control Number 27-AS-20250711131606

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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: STRATFORD AT BEYER PARK, THE

FACILITY NUMBER: 507002509

VISIT DATE: 08/25/2025

NARRATIVE

1 Additionally, a review of the resident's Medication Administration Record (MAR) was conducted. LPA
2 Pascua did not find any discrepancies indicating that facility staff mismanaged the resident's medication.
3 Based on the information gathered, there is not sufficient evidence to prove that the facility mismanaged
4 the resident's medication.
5
6 Allegation: Staff did not safeguard resident's personal items
7 It was alleged that the staff did not safeguard resident's personal items. During the course of this
8 investigation, the department conducted interviews and reviewed facility records. Based on interviews
9 conducted, it was denied that the facility staff did not safeguard resident's personal items. Staff stated
10 that a resident inventory list is provided to residents, documenting the items kept at the facility. In
11 addition, if incontinent supplies are one of the items, these are not shared with any other residents. An
12 interview with 5 residents were conducted. 5 out 5 residents deny that the facility does not safeguard the
13 resident's personal items.
14 Based on the information gathered, there is not a sufficient evidence to prove that the facility staff did
15 not safeguard resident's medication.
16
17 As a result of this investigation, this Department found the allegation to be UNSUBSTANTIATED. A
18 complaint allegation finding of Unsubstantiated meant that although the allegations may have happened
19 or was valid, there was not a preponderance of the evidence to prove that the alleged violation occurred.
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21 An exit interview was conducted and a copy of this report was provided to the facility at the end of this
22 visit.
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NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/25/2025