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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 507004123
Report Date: 05/12/2026
Date Signed: 05/12/2026 11:13:45 AM

Unsubstantiated

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 **03/26/2026** and conducted by Evaluator Arielle Pascua

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260326164730

FACILITY NAME:	GOLDEN AGE III			**FACILITY NUMBER:**	507004123
ADMINISTRATOR:	BIANCA PLACINTAR			**FACILITY TYPE:**	740
ADDRESS:	3101 IRON GATE DR.			**TELEPHONE:**	(209) 408-0428
CITY:	MODESTO	**STATE:** CA		**ZIP CODE:**	95355
CAPACITY:	6	**CENSUS:** 6		**DATE:**	05/12/2026
		UNANNOUNCED		**TIME BEGAN:**	10:54 AM
MET WITH:	Marinela Placintar			**TIME COMPLETED:**	11:30 AM

ALLEGATION(S):

1	Uncleared staff providing care to the residents
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INVESTIGATION FINDINGS:

1	On 05/12/2026, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to
2	deliver complaint findings for the allegation above. LPA Pascua met with Facility Designated
3	Administrator (FDA), Marinela Placintar and explained the purpose of the visit.
4	Current census was 6. A brief interview with FDA Placintar.
5	It was alleged that there is an uncleared staff member providing care to the residents in care. Based on
6	information gathered, the determination of the exclusion order of S1 is still pending, however S1 is able
7	to be present in the facility at this time.
8	As a result of this investigation, this Department found the allegations to be UNSUBSTANTIATED. A
9	complaint allegation finding of Unsubstantiated meant that although the allegations may have happened
10	or was valid, there was not a preponderance of the evidence to prove that the alleged violation occurred.
11	
12	There were no deficiencies observed or cited at this time. An Exit Interview was conducted and copy of
13	this report was provided to the facility at the end of this visit.

Unsubstantiated	Estimated Days of Completion:

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

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