

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 515002613
Report Date: 05/01/2025
Date Signed: 05/01/2025 12:14:17 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH 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 **02/12/2025** and conducted by Evaluator Kerry Hiratsuka

	COMPLAINT CONTROL NUMBER: 59-AS-20250212101448
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FACILITY NAME: SUMMERFIELD SENIOR LIVING	FACILITY NUMBER: 515002613
ADMINISTRATOR: GILDEA, CHANTEL	FACILITY TYPE: 740
ADDRESS: 1224 PLUMAS STREET	TELEPHONE: (530) 755-3850
CITY: YUBA CITY	ZIP CODE: 95991
CAPACITY: 99	DATE: 05/01/2025
MET WITH: Chantel Gildea	UNANNOUNCED TIME BEGAN: 11:30 AM
	TIME COMPLETED: 12:20 PM

ALLEGATION(S):

1	Resident sustained multiple injuries while in care due to falls
2	Staff did not properly address resident's multiple falls at facility
3	Staff left resident soiled in urine for a period of time
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INVESTIGATION FINDINGS:

1	LPA Hiratsuka conducted the investigation into the allegations above.
2	
3	LPA Hiratsuka conducted interviews and reviewed resident file.
4	
5	Title 22 regulations do not require staff to physically be with residents 24 hours a day. The regulations
6	requires care plans that indicate how much supervision that should be updated on a regular basis. There
7	were two occasions the resident was found with a wound on their head: one occasion the resident was
8	found standing and the second the resident was found walking around. There was a third incident the
9	resident was found next to the bed and this was during normal sleeping hours. Staff interviews stated
10	they check on all residents are in a regular basis. Care plan stated the resident was on frequent checks.
11	LPA cannot determine how the injuries occurred.
12	
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez
NAME OF LICENSING PROGRAM ANALYST: Kerry Hiratsuka
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/01/2025

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 59-AS-20250212101448

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: SUMMERFIELD SENIOR LIVING

FACILITY NUMBER: 515002613

VISIT DATE: 05/01/2025

NARRATIVE

- 1 Interviews stated the resident walked very slowly and staff checked on the resident on a regular basis.
- 2 The resident did not use a walker. There were no witnesses stating they saw the resident fall. LPA could
- 3 not prove or disprove if the resident was not monitored for being a fall risk.
- 4
- 5 LPA could not determine whether the resident was left soiled or not. Staff stated they check residents on
- 6 a regular basis. LPA cannot determine neglect based on different version of events.
- 7
- 8 Although the allegations may have happened or are valid, there is not a preponderance of evidence to
- 9 prove that the alleged violations occurred, and the findings are UNSUBSTANTIATED.
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