

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 515002613
Report Date: 10/15/2025
Date Signed: 10/15/2025 01:36:01 PM

Unfounded

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 **08/15/2025** and conducted by Evaluator Kerry Hiratsuka

	COMPLAINT CONTROL NUMBER: 59-AS-20250815134452
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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: 10/15/2025
MET WITH: Chantel Gildea	UNANNOUNCED TIME BEGAN: 01:10 PM
	TIME COMPLETED: 01:40 PM

ALLEGATION(S):

1	Staff do not have appropriate emergency response training.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst Hiratsuka, conducted this unannounced complaint visit to deliver the results of the allegation above.
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4	LPA interviewed staff. All interviews state the caregivers and other staff are to get a med tech to assess the residents in an emergency and then one will call 911, get any paperwork to send with the resident, and the caregiver or facility staff who found the resident will stay with the resident until emergency services arrive. If there is an immediate danger any staff person who finds a resident will call 911 directly and then call for a med tech if the staff person has a phone readily available.
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10	Based on information above, the department concluded that the allegations are Unfounded. A finding that an allegation is unfounded means that the allegation is false, could not have happened, and/or is without a reasonable basis.
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13	no deficiencies cited

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Ordonez
LICENSING EVALUATOR NAME: Kerry Hiratsuka
LICENSING EVALUATOR SIGNATURE:

DATE: 10/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/15/2025

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