

Department of  
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 052700992  
Report Date: 08/20/2026  
Date Signed: 08/20/2026 09:32:13 PM

Unsubstantiated

|                                                        |                                                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100<br>SACRAMENTO, CA 95827 |
| COMPLAINT INVESTIGATION REPORT                         |                                                                                                                                                            |

This is an official report of an unannounced visit/investigation of a complaint received in our office on 02/05/2026 and conducted by Evaluator Jason Lund

|  |                                                |
|--|------------------------------------------------|
|  | COMPLAINT CONTROL NUMBER: 27-AS-20260205082556 |
|--|------------------------------------------------|

|                |                                          |                         |                |
|----------------|------------------------------------------|-------------------------|----------------|
| FACILITY NAME: | FOOTHILL VILLAGE SENIOR LIVING           | FACILITY NUMBER:        | 052700992      |
| ADMINISTRATOR: | JACOB HARRYMAN                           | FACILITY TYPE:          | 740            |
| ADDRESS:       | 1400 FOOTHILL VILLAGE DRIVE              | TELEPHONE:              | (805) 801-0404 |
| CITY:          | ANGELS CAMP                              | ZIP CODE:               | 95222          |
| CAPACITY:      | 78                                       | DATE:                   | 08/20/2026     |
|                | STATE: CA                                | UNANNOUNCED TIME BEGAN: | 01:00 PM       |
|                | CENSUS: 73                               | TIME COMPLETED:         | 02:30 PM       |
| MET WITH:      | Excutive Director Viridiana Ortiz Rangel |                         |                |

ALLEGATION(S):

|   |                                                               |
|---|---------------------------------------------------------------|
| 1 | Staff did not meet the resident's toileting care needs        |
| 2 |                                                               |
| 3 | Staff did not provide proper supervision to resident in care  |
| 4 |                                                               |
| 5 | Staff did not provide proper food service to resident in care |
| 6 |                                                               |
| 7 |                                                               |
| 8 |                                                               |
| 9 |                                                               |

INVESTIGATION FINDINGS:

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| 1  | Licensing Program Analyst (LPA) Jason Lund arrived unannounced to this facility to deliver complaint findings. LPA Lund met with Excutive Director Viridiana Ortiz Rangel and explained the purpose of the visit. Census 73                                                                                                                                                                                                                                                                                                                                                                 |
| 2  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5  | Staff did not meet the resident's toileting care needs- LPA Lund reviewed facility paperwork, interviewed reporting party, staff, and witness. Based on reviewed facility paperwork, interviews with staff, reporting party, and witness. LPA Lund reviewed hourly bathroom charts for Resident (R1) from 2/5/2026 from 5/26/2026 which states that staff did hourly checks on R1 to see if R1 is wet or dry. Staff interviewed stated that they would do hourly checks on R1 to see if R1 was wet or not. Reporting Party and witness stated that R1's toileting care needs are being met. |
| 6  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|                 |                                  |
|-----------------|----------------------------------|
| Unsubstantiated | Estimated Days of Completion: 90 |
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| <b>SUPERVISORS NAME:</b> Lisa Rios                                                                      |                         |
| <b>LICENSING EVALUATOR NAME:</b> Jason Lund                                                             |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>                                                                   | <b>DATE:</b> 08/20/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               | <b>DATE:</b> 08/20/2026 |

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-20260205082556**

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100<br>SACRAMENTO, CA 95827 |
| <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>           |                                                                                                                                                            |

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|------------------------------------------------------|-----------------------------------|
| <b>FACILITY NAME:</b> FOOTHILL VILLAGE SENIOR LIVING | <b>FACILITY NUMBER:</b> 052700992 |
|                                                      | <b>VISIT DATE:</b> 08/20/2026     |

| NARRATIVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| 1         | Based on reviewed facility paperwork, interviews with staff, reporting party, and witness, on the information provided, it was unclear if staff did not meet the resident's toileting care needs, therefore the allegation was deemed UNSUBSTANTIATED.<br><br>Staff did not provide proper supervision to resident in care- LPA Lund reviewed facility paperwork, interviewed reporting party, staff, and witness. Based on reviewed facility paperwork, interviews with staff, reporting party, and witness. LPA Lund reviewed hourly bathroom charts for Resident (R1) from 2/5/2026 from 5/26/2026 which states that staff did hourly checks on R1. Staff interviewed stated that they would do hourly checks on R1. Reporting Party and witness stated that the facility is providing supervision to R1.<br><br>Based on reviewed facility paperwork, interviews with staff, reporting party, and witness, on the information provided, it was unclear if staff did not provide proper supervision to resident in care, therefore the allegation was deemed UNSUBSTANTIATED.<br><br>Staff did not provide proper food service to resident in care- LPA Lund reviewed facility paperwork, interviewed reporting party, staff, and witness. Based on reviewed facility paperwork, interviews with staff, reporting party, and witness. LPA Lund reviewed meal tracking form from 4/2/2026 through 5/25/2026 for Resident (R1) which would state if R1 would eat or not. Reporting Party and witness stated that R1 needs including meals are being met from the facility.<br><br>Based on reviewed facility paperwork, interviews with staff, reporting party, and witness, on the information provided, it was unclear if staff did not provide proper food service to resident in care, therefore the allegation was deemed UNSUBSTANTIATED.<br><br>As a result of this investigation, this Department finds the allegation to be UNSUBSTANTIATED. A complaint allegation finding of Unsubstantiated means that although the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred. Exit interview conducted and report left. |
| 2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|---------------------------------------------------------------------------------------------------------|-------------------------|
| <b>SUPERVISORS NAME:</b> Lisa Rios                                                                      |                         |
| <b>LICENSING EVALUATOR NAME:</b> Jason Lund                                                             |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>                                                                   | <b>DATE:</b> 08/20/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               | <b>DATE:</b> 08/20/2026 |