

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 576804173
Report Date: 08/07/2026
Date Signed: 08/07/2026 10:03:38 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 02/19/2026 and conducted by Evaluator Jill Nakagawa

	COMPLAINT CONTROL NUMBER: 21-AS-20260219141943
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FACILITY NAME:	GRAND RIVER VILLA	FACILITY NUMBER:	576804173
ADMINISTRATOR:	LUCELI SOTO-LUIS	FACILITY TYPE:	740
ADDRESS:	509 MICHIGAN BLVD	TELEPHONE:	(916) 373-1591
CITY:	WEST SACRAMENTO	ZIP CODE:	95691
CAPACITY:	43	DATE:	08/07/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:00 AM
	CENSUS:	TIME	
MET WITH:	Roberto Negrete, Med. Tech., Robert Godfrey, Administrator informed via phone	COMPLETED:	10:00 AM

ALLEGATION(S):

1	Staff did not transfer resident per Care Plan leading to injury.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Nakagawa arrived unannounced at Grand River Villa on 8/7/2026 to conclude a complaint investigation and deliver findings. LPA met with Roberto Negrete, Med. Tech. Robert Godfrey, Administrator was notified by phone to discuss findings.
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5	The complaint alleges that Staff did not transfer resident per Care Plan leading to injury. Resident (R1) requires staff assistance with transferring between bed and wheelchair. Complainant alleges staff improperly transferred R1 causing injury. The Department conducted an investigation which included reviewing records and conducting interviews. Interviews of 5 of 5 staff did not identify how R1 sustained an injury.
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11	(Continued on 9099-C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kimberley Mota LICENSING EVALUATOR NAME: Jill Nakagawa LICENSING EVALUATOR SIGNATURE:		DATE: 08/07/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 08/07/2026

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 21-AS-20260219141943

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: GRAND RIVER VILLA	FACILITY NUMBER: 576804173
	VISIT DATE: 08/07/2026

NARRATIVE	
1	(Continued from 9099-C)
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3	The Department’s review of medical records were inconclusive to determine who caused the injury to R1. LPA
4	reviewed staff training records and found that 10 of 10 staff have proper training per Title 22 Regulations. LPA was
5	able to interview R1 but R1 was unable to identify how injury occurred.
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7	Based on the Department's investigation unable to identify a witness to who caused injury to R1, and R1 unable to
8	identify a staff who caused how the injury occurred, the allegation that Staff did not transfer resident (R1) per Care
9	Plan leading to injury is unsubstantiated. Although the allegation may have happened or is valid, there is not a
10	preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation
11	unsubstantiated.
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