

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 577000881
Report Date: 03/16/2021
Date Signed: 03/17/2021 02:33:49 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/16/2020** and conducted by Evaluator Katrina Walters

PUBLIC	COMPLAINT CONTROL NUMBER: 21-AS-20201116115336
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FACILITY NAME: ATRIA COVELL GARDENS	FACILITY NUMBER: 577000881
ADMINISTRATOR: ASHLEE SLOAN	FACILITY TYPE: 740
ADDRESS: 1111 ALVARADO AVE	TELEPHONE: (530) 756-0700
CITY: DAVIS	STATE: CA
CAPACITY: 210	ZIP CODE: 95616
MET WITH: Ashlee Sloan	DATE: 03/16/2021
	UNANNOUNCED TIME BEGAN: 02:13 PM
	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Facility issued an unlawful rate increase.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Katrina Walters spoke with Administrator, Ashlee Sloan via Televisit to
2	deliver findings regarding the above mentioned complaint allegations. Visit was done remotely due to
3	Covid-19 precautions.
4	
5	During the course of this investigation, LPA interviewed Resident, Reviewed emails from Regional Vice
6	President to Residents and reviewed 4 Written notices of rate increases sent to residents 10/26/20. The
7	complaint alleges that the facility issued an unlawful rate increase and that rate increases are not
8	consistent for all residents. Through the review of four resident records, LPA learned that residents were
9	notified of the rate increase more than 60 days' prior to the date that it would take effect. The Written
10	notification indicated that rates were being raised due to operating expenses. The facility provided
11	residents with the additional cost and breakdown of increase of services.
12	
13	Continued on 9099 C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti

NAME OF LICENSING PROGRAM ANALYST: Katrina Walters

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/16/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/16/2021

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 21-AS-20201116115336

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COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ATRIA COVELL GARDENS

FACILITY NUMBER: 577000881

VISIT DATE: 03/16/2021

NARRATIVE

- 1 Per interview with AS, the rate increase at Atria Covell is for all residents. Rate increases differ due to
- 2 the market value of each room and the personal care rates are dependent on the residents care needs.
- 3 This was also reflected on the Rental rate and Personal Care Rate given to the four resident
- 4 notifications reviewed. The notification also states that the rate for Personal Care can either increase or
- 5 decrease, depending on the needs of each resident. Therefore, the facility is currently in compliance
- 6 with Regulation Health and Safety Code 1569.655.
- 7
- 8 A finding that of the complaint allegation "Facility issued an unlawful rate increase" is unsubstantiated
- 9 meaning that although the allegation may have happened or is valid, there is not a preponderance of
- 10 evidence to prove the alleged violation did or did not occur, therefore the allegation is
- 11 UNSUBSTANTIATED.
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- 13 No deficiencies cited during this inspection.
- 14 Report with Administrator's signature on file
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NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti

NAME OF LICENSING PROGRAM ANALYST: Katrina Walters

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/16/2021

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